



**BLACKFRIARY ARCHAEOLOGY
FIELD SCHOOL**

Digging the Past, Growing the Future



Greenanstown,
Stamullen,
Co. Meath,
Ireland



www.bafs.ie



+353 87 684 9964



info@bafs.ie

Intern Application Form

First Name:		Surname:	
Gender:		Date of Birth:	
Nationality: (American, Italian etc)		Preferred Pronoun:	
Address:			
Zip / Post Code:		Country:	

Email:	
Phone Number:	

University/College:

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Your Education to date:



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Your Previous Experience:

How Did You Hear About Us?

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Courses 2025

ID	Course Name	Duration	Start Date	Pre- requisites
BF Intern 1	Excavation Internship	6-12 Weeks	Choose Start Date • June 3 rd • June 23 rd • July 1 st • July 14 th	4 Weeks of field experience
BF Intern 2	Post-excavation Internship	6-12 Weeks	Choose Start Date • June 3 rd • June 23 rd • July 1 st • July 14 th	4 Weeks field or lab experience, or a mix of both
BF Intern 2 *Bioarch	Post-excavation Internship in Bioarchaeology	6 Weeks	Choose Start Date • June 23 rd • July 1 st	4 Weeks field or lab experience, or a mix of both
BF Intern 3	Community Archaeology Internship	6-12 Weeks	Choose Start Date • June 3 rd • June 23 rd • July 1 st • July 14 th	4 weeks field or lab experience, or a mix of both

***Please note that you can choose a mix of one or more of these internships for a chosen duration between 6 weeks and 12 weeks**

Please indicate which course you wish to attend and specify chosen dates:

General Data Protection Regulation (GDPR) Consents

The information submitted on this form will be treated in the strictest confidence and shared only with those that may



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be responsible for your health and safety while attending the Blackfriary Archaeology Field School.

Declaration Of Fitness	Y/N
1. I am physically and mentally fit to participate in the Blackfriary Archaeology Field School Program:	
2. I take medication to treat or manage a health concern:	
If the answer to item (2) is Y, please include a brief summary of your health concern:	
3. Do you have any specific learning requirements? If so, please indicate your specific learning requirement (relevant disability, dyslexia etc.) so that we can work with you to best facilitate your full participation in the programme:	
Emergency Contact Information	
Name:	
Relationship:	
Phone Number:	

Signature:	
Print Name:	
Date (DD/MM/YY):	