



UPDATED 20/02/20

VISITOR APPLICATION FORM

ORGANISATION/INSTITUTION/AFFILIATION

Name	<input type="text"/>
Department	<input type="text"/>
Address	<input type="text"/>
City/Zip Code	<input type="text"/>
Country	<input type="text"/>
Tel. Number	<input type="text"/>
Email	<input type="text"/>
Website	<input type="text"/>

TEAM MEMBERS

TEAM LEADER

First Name	<input type="text"/>
Family Name	<input type="text"/>
Address	<input type="text"/>
City/Zip Code	<input type="text"/>
Country	<input type="text"/>
Tel. Number	<input type="text"/>
Email Address	<input type="text"/>
Nationality	<input type="text"/>
Passport Number	<input type="text"/>
Date of Issue	<input type="text"/>
Expiry Date	<input type="text"/>



SECOND TEAM MEMBER

First Name	<input type="text"/>
Family Name	<input type="text"/>
Address	<input type="text"/>
City/Zip Code	<input type="text"/>
Country	<input type="text"/>
Tel. Number	<input type="text"/>
Email Address	<input type="text"/>
Nationality	<input type="text"/>
Passport Number	<input type="text"/>
Date of Issue	<input type="text"/>
Expiry Date	<input type="text"/>

THIRD TEAM MEMBER

First Name	<input type="text"/>
Family Name	<input type="text"/>
Address	<input type="text"/>
City/Zip Code	<input type="text"/>
Country	<input type="text"/>
Tel. Number	<input type="text"/>
Email Address	<input type="text"/>
Nationality	<input type="text"/>
Passport Number	<input type="text"/>
Date of Issue	<input type="text"/>
Expiry Date	<input type="text"/>



FOURTH TEAM MEMBER

First Name

Family Name

Address

City/Zip Code

Country

Tel. Number

Email Address

Nationality

Passport Number

Date of Issue

Expiry Date

PROPOSED VISIT TYPE

Mark the correct one.

- Professional/Official Visit
- Volunteer Visit
- Research Visit
- Media-Related / Journalist / Social Influencer visit
- Other, please explain:



PURPOSE OF VISIT

Please write a short paragraph (max. 100 words) explaining your proposed activities and approach.

PROPOSED DATES OF VISIT

Please provide at least 2 options.

1st option	<input type="text"/> <i>from (dd/mm/yy)</i>	<input type="text"/> <i>to (dd/mm/yy)</i>	<input type="text"/> <i>projected completion (days)</i>
2nd option	<input type="text"/> <i>from (dd/mm/yy)</i>	<input type="text"/> <i>to (dd/mm/yy)</i>	<input type="text"/> <i>projected completion (days)</i>
3rd option	<input type="text"/> <i>from (dd/mm/yy)</i>	<input type="text"/> <i>to (dd/mm/yy)</i>	<input type="text"/> <i>projected completion (days)</i>

I, **[insert your name]** **confirm that the information given in this form is true, complete and accurate.**

Place

/ /
Date (dd/mm/yyyy)

Signature



FOR FILM/PHOTOGRAPHY AND JOURNALIST VISITS ONLY

**A. PROPOSED VISIT ACTIVITIES OR FILMING/WRITING/PHOTOGRAPHY
MAIN APPROACH**

Please write a short paragraph explaining your proposed activities and approach.

B. BOS FOUNDATION PROGRAM/PROJECT YOU WISH TO VISIT

**C. KEY BOS FOUNDATION EMPLOYEES OR PERSONNEL YOU WISH TO
INTERVIEW**



D. EXPECTED RESULTS FROM THE VISIT

[Empty text box for expected results from the visit]

E. TYPE OF MEDIA COVERAGE AND/OR PUBLICATION

[Empty text box for type of media coverage and/or publication]

F. ABILITY TO FUND

Please write a short paragraph on who will guarantee the funding of this project.

[Empty text box for ability to fund]

G. HOW YOUR PROJECT FITS INTO BOS FOUNDATION'S VISION AND MISSION OF THE CONSERVATION OF ORANGUTANS AND THEIR HABITAT?

Please write a short paragraph on how you envision your project directly contributing to orangutan and habitat conservation.

[Empty text box for how project fits into BOS Foundation's vision and mission]