



**GAP
AFRICA
PROJECTS**

**Somkhanda Game Reserve
Conservation Field trip
Q&A Presentation**



CONSERVATION GROUP EXPERIENCE

Where does it take place?

- South Africa a world leader in conservation
- Somkhanda Game Reserve
- Malaria free Kwazulu Natal



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About Somkhanda Game Reserve

- Somkhanda Game Reserve is a reclaimed community reserve owned by the Gumbi Tribe
- 12,000ha Privately Managed Conservation Area
- Home to the Big Five
- The reserve has a successful Anti Poaching Unit
- Located in a Malaria free zone
- Diverse vegetation biomes
- True African Bush and Wilderness Experience
- Wildlife Reintroductions, including: Buffalo, Elephant & Lion
- Reintroduction of priority species, including: Black Rhino and Wild Dog

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Somkhanda Game Reserve Today



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Home to over 60 Species



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Your Conservation Programme

- ✓ Alien Vegetation Control / Reserve Maintenance
- ✓ Spatial Distribution and Habitat use of species
- ✓ Use of Telemetry Tracking
- ✓ Wild Dog Monitoring
- ✓ Elephant Monitoring / Population Study
- ✓ Rhino Monitoring - Awareness and Anti-Poaching
- ✓ Monitoring Herbivore Condition & Health
- ✓ Camera Trapping – Research: Leopard | Hyena | General
- ✓ Habitat and Prey Selection of Predators
- ✓ Birds in Reserve Census – ID and Migrations
- ✓ Educational Bush Walks - Ecology & Botany
- ✓ Tracks, Signs and Spoor
- ✓ Reserve Sleep Outs – Wilderness Experience
- ✓ Cultural Home Stay
- ✓ Community Development
- ✓ Kosi Bay – Excursion (To be decided)

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Life on Reserve



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The Bush Classroom



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Kosi Bay – Add On



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Kosi Bay – Add On



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CONSERVATION GROUP EXPERIENCE



Departure from London Heathrow Sunday 15th July

LHR JNB BA55 Dep 19:05

Group Meeting Point London Heathrow Terminal 5 – 16:00



Checked Baggage Allowance: 23KG

Hand Baggage Allowance: 8KG

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Arrival to South Africa Monday 16th July

LHR JNB BA55 Arr 07:05

Pass through immigration
Collect baggage & Clear customs

Gap Africa Meet and Greet
at Arrivals Hall

Transfer to Somkhanda GR
Supermarket Stop Off



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Arrival to Somkhanda Game Reserve ETA – 14:00

Meet and Greet by Reserve Staff

Health & Safety Briefing

House Rules and Indemnity Forms

Check in to Accommodation

Opportunity to relax and Settle in



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Departure from Johannesburg Saturday 28th July

Collect from Somkhanda/Kosi Bay 12:00

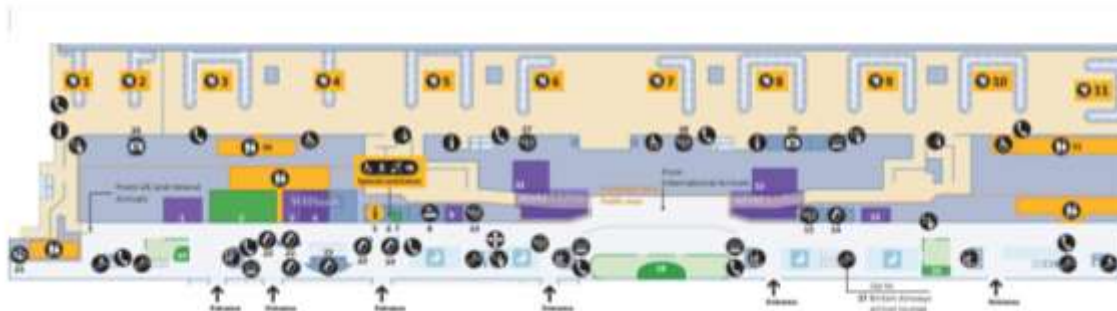
JNB LHR BA54 Dep 21:10



Sunday 29th July

JNB LHR BA54 Arr 07:20 T5

Terminal 5 Arrivals Ground floor



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Pre Departure Preparation

Kit List

Plug Adaptors

Under 18 Visa Requirements

Local Medical Facilities

Climate

Spending Money £50 - £100

Local Currency ZAR

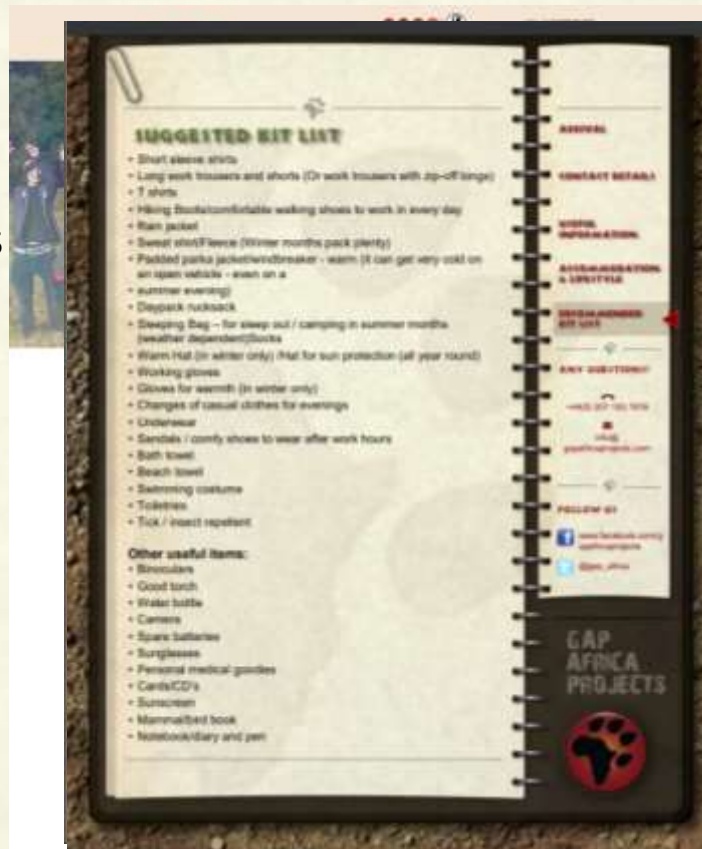
Local Charges – Cash Only

Curios

Caps / Hats

Fleeces

T-Shirts



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<http://gapafricaprojects.com/bridgwater-college-18-bwa>

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Vaccinations – travelhealthpro.org.uk

Most Travellers

The vaccines in this section are recommended for most travellers visiting this country. Information on these vaccines can be found by clicking on the blue arrow. Vaccines are listed alphabetically.

[Hepatitis A](#) ▼

[Tetanus](#) ▼

[Typhoid](#) ▼

Some Travellers

The vaccines in this section are recommended for some travellers visiting this country. Information on when these vaccines should be considered can be found by clicking on the arrow. Vaccines are listed alphabetically.

[Cholera](#) ▼

[Hepatitis B](#) ▼

[Rabies](#) ▼

[Tuberculosis \(TB\)](#) ▼

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home affairs
Department of Home Affairs
REPUBLIC OF SOUTH AFRICA

ANNEXURE C
SUGGESTED FORMAT: PARENTAL CONSENT AFFIDAVIT
(SUGGESTED FOR PARENTS UNDER THE AGE OF 18 TO TRAVEL TO OR FROM THE REPUBLIC)

THE I/We hereby declare under solemn oath that my/our dependent whose full name is (CHILD'S NAME) is (SUGGESTED DOCUMENT TO BE ATTACHED WITH THIS TO DEPARTMENT OF HOME AFFAIRS)

Surname: _____ Name: _____ DOB of M/F: _____

Signature of Parent(s): _____ It is traveling with: _____
to be joined by: _____
MOTHER'S & FATHER'S consent to it: _____
Signature of parent(s): _____
Address of parent(s): _____
Contact number of traveling companion(s): _____

This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)

Country Name: _____
Passport Number: _____
Passport Expiry: _____
Date of Issue: _____
Country of Issue: _____
Type of Visa: _____
Date of Issue: _____
Date of Expiry: _____
Country of Issue: _____
Type of Visa: _____
Date of Issue: _____
Date of Expiry: _____
Country of Issue: _____
Type of Visa: _____
Date of Issue: _____
Date of Expiry: _____

Notes:
1. This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)
2. This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)
3. This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)

CERTIFIED COPY OF AN ENTRY IN PASS
OFFICE OF THE GENERAL REGISTRAR OFFICE

Registration Number: _____ CO Number: _____

Registration Number: _____ County Name: _____
Sub-division Name: _____ County Name: _____

No.	Date of Birth	Forename	Surname	Other's Forename and Surname	Father's Surname	Occupation	Signature, Description and Residence of Informant	When Registered	Signature of Registrar
1									

SAMPLE CERTIFICATE

BRCC 000000

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
PASSPORT

Passport Number: GBR
Type: GBR

Holder's Name: M HENRY
Date of Birth: 12 MAR / MARS 09
Date of Issue: 12 MAR / MARS 19

FCO
Foreign Office (Department of State)

BRCC 000000

AFRICAN TRAVEL

As holder of this African Travel Certificate, I/We hereby declare under solemn oath that my/our dependent whose full name is (CHILD'S NAME) is (SUGGESTED DOCUMENT TO BE ATTACHED WITH THIS TO DEPARTMENT OF HOME AFFAIRS)

Surname: _____ Name: _____ DOB of M/F: _____

Signature of Parent(s): _____ It is traveling with: _____
to be joined by: _____
MOTHER'S & FATHER'S consent to it: _____
Signature of parent(s): _____
Address of parent(s): _____
Contact number of traveling companion(s): _____

This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)

Country Name: _____
Passport Number: _____
Passport Expiry: _____
Date of Issue: _____
Country of Issue: _____
Type of Visa: _____
Date of Issue: _____
Date of Expiry: _____
Country of Issue: _____
Type of Visa: _____
Date of Issue: _____
Date of Expiry: _____

Notes:
1. This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)
2. This form is a requirement and will be processed in South Africa by (SOUTH AFRICAN CONSULATE/EMBASSY)
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Thank You for your Attention

www.gapafriaprojects.com



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