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| **Application Details** |  |
| NLRD:  | Issued: | Expiry: |
| Project Title: |
| Facility OGTR Certificate number: |

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| **Project Supervisor Statement** |  |
| As Project Supervisor for the gene technology project identified above, I acknowledge my responsibility to:* Inform each person covered by the approval of the conditions that apply to them, **including any variations to the approval**; and
* Ensure that each person covered by the approval is sufficiently trained so that their dealings with genetically modified organisms (GMOs) are carried out in accordance with the approval conditions.
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| Supervisor’s name: Signature:Email: Phone: |

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| **Acknowledgement by Research Staff and Students** |  |
| The undersigned acknowledge that they:* I acknowledge that I have read and understood this Project Application and have been trained to the OGTR PC2/PC3 requirements needed by my work.
* Have received training and information in relation to the identified gene technology project; and
* Have received information on variations made to the approval
* Are aware that collected personal information which is relevant to the administration and/or enforcement of the approval may be released to the OGTR:

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| Modification |  Date Effective |
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|  Name | Signature | Date |
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