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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. | |
| 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:  |  |  | | --- | --- | | Modification | Date Effective | |  |  | |  |  | |  |  | |  |  | | | | |
| Name | Signature | | Date |
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