

Knowledge Transfer (KT1 - TILLAGE)

(Please complete fully in **BLOCK CAPITALS**)

Herd Number: <input style="width: 100px; height: 20px;" type="text"/> Name(s): Address:	Date of Birth:/...../..... Contact Telephone No: If in joint ownership please state the name of the individual that will be a participant in the Programme:
Are you a member of a Registered Farm Partnership YES <input type="checkbox"/> NO <input type="checkbox"/> Please state the name of the individual participating on behalf of the Partnership: If YES, state the Registered Farm Partnership Number: <input style="width: 100px; height: 20px;" type="text"/>	
Is the farm operating as a Company YES <input type="checkbox"/> NO <input type="checkbox"/> Company Number: Please state the name of the individual participating on behalf of the Company :	
<u>Nominee:</u> Name of nominee for the duration of the programme (see (ii) below): Address of nominee: Date of Birth:/...../..... <i>The nominee is required to provide three (3) signatures for verification purposes, against the attendance records.</i> Nominee's Signature 1: Nominee's Signature 2: Nominee's Signature 3:	

Undertakings

- (i) I certify that all the information is true and accurate and I accept that any false or misleading information may render this application null and void.
- (ii) I certify that I meet the eligibility criteria as outlined in the Terms and Conditions of the Knowledge Transfer Tillage Programme. Where I have nominated a person to attend on my behalf, this is in accordance with paragraph 11 of the Terms & Conditions of the Knowledge Transfer Tillage Programme.
- (iii) I undertake to comply with the Terms and Conditions and accept that failure to meet those Terms and Conditions may result in forfeiture of payment.
- (iv) I undertake to keep all necessary records pertaining to the Knowledge Transfer Tillage programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) up to and including a period of 18 months after the end of the programme.
- (v) I understand that the DAFM Knowledge Transfer data may be used for statistical and evaluation purposes and no individual will be identified.
- (vi) I understand and agree that Knowledge Transfer data will be shared with Teagasc, and the Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Liability, Indemnity, Authorisation and Declaration.

The DAFM shall not be liable for any direct or indirect loss or liability to the client resulting from the use by a Facilitator of online facilities to submit an application or associated information or documents for the Knowledge Transfer Programme to the Department on behalf of a participant. Full responsibility for the data submitted online rests with the facilitator and the participant concerned. **The Department reserves the right to withdraw this service from a facilitator where there is evidence of improper use of the service. Payments may be reduced or lost where it is found that the participant or facilitator does not adhere to the conditions of the Knowledge Transfer Programme.**

I/We authorise the facilitator whose details are set out below to communicate with the DAFM on my/our behalf for the purpose, in the first instance, of completing and submitting the relevant application form(s) online and thereafter for the submission of my/our details in such format as may be required from time to time by the Department.

I/We confirm that the information above is correct to the best of my/our knowledge and that it refers to me/us. I/We further confirm that I am/we are the registered owner(s) of the herd number or other Department identifier mentioned above. I/We authorise the DAFM to forward my/our personal details to my/our facilitator.

I/We agree that the Department may request/access data held externally in relation to me/us which is required for the purpose of assessment/verification of my/our application.

I/We further agree that the details supplied in my/our application form, along with any supporting documentation, may be made available within this Department or to any other body where required for scheme evaluation purposes.

I/We understand that all data held/requested/accessed by the Department is subject to the Data Protection Acts 1998 and 2003.

I/we wish to have the facilitator in respect of whom details are supplied below act on my/our behalf in submitting details online to the DAFM for the Knowledge Transfer Tillage Programme.

The participant is required to provide three (3) signatures for verification purposes, against the attendance records.

Participant's Signature 1: _____

Participant's Signature 2: _____

Participant's Signature 3: _____

Please note that this application cannot be accepted if it is not signed by the applicant or where there are joint applicants, by all the parties concerned. Where this application is made on behalf of a company or other legal entity, the application must be signed by the authorised officer of that company and the official status of the signature (Director, Secretary etc.) must be stated.

Signature: _____ **Date:** _____

Joint Applicant Signature(s): _____ **Date:** _____

Status of Signatory (Company): _____

Facilitator:

I accept the Knowledge Transfer Facilitator Role and undertake to comply with all the Terms and Conditions of the Knowledge Transfer Programme including those pertaining to Paragraph 24. I accept that failure to meet those Terms and Conditions may result in forfeiture of payment.

Name of Facilitator:

Address of Facilitator:

Contact Telephone No:

Group Name:

Facilitators: KT Ref No: **KT**

I confirm that the signatures above are those of the applicant and nominee.

Facilitator Signature _____ **Date:** _____