



**CONSENT FORM
BIOMETRICS AND BREEDING INFORMATICS**

INSTRUCTIONS: Please fill out this form in English. Please use CF_DABT_YOUR LASTNAME (e.g. CF_DABT_Gulles) as filename.

Training Course Title: Design and Analysis of Breeding Trials
Training Dates: April 11 – 14, 2016

To be filled out by the employer/supervisor

I am pleased to endorse the application of _____
a member of our staff.

If selected, he/she will be relieved of his/her responsibilities for the duration of the training course.

Printed name of Employer/Supervisor: _____
Signature: _____
Position/Designation: _____
Date Signed: _____
Address: _____

To be filled out by the applicant

I, _____, am submitting my application for the above training. If accepted, I promise to attend all sessions of the training course. I understand that my failure to participate fully in the activities of the course will mean non-issuance of certificate and will disqualify me from future training courses conducted by the Biometrics and Breeding Informatics Group.

Printed name of Applicant: _____
Signature: _____
Date Signed: _____