

## KTG Participant Application Form (KT2)

Organiser Name	<i>Irish Wood Producers</i>		
KT Group Name		Facilitator Name	
Participant Name			
Address			
Eircode			
Phone			
E mail			
Plantation Address			
Forest type:		Age of forest:	

Forest Owner Number	
Forest Contract Numbers	
Herd Number	
Are you a forest owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of a forestry group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you participated in a previous forestry KTG?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a farmer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a forest road?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you thinned your plantation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you a long term Forest Management Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What specific area of forestry do you want to learn more about?  Other:	<ul style="list-style-type: none"> <li>• Woodland Certification <input type="checkbox"/></li> <li>• Inventory assessment, timber assortments <input type="checkbox"/></li> <li>• Broadleaf management, added value products <input type="checkbox"/></li> <li>• Sustainable forest management, species diversity <input type="checkbox"/></li> <li>• Biodiversity, habitat creation <input type="checkbox"/></li> </ul>
What do you want to do with this information?	
Nominee Name	(not mandatory)
Address	
Eircode	
Phone	
E mail	
Relationship to Participant:	

## 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 Group scheme. Where I have nominated a person to attend on my behalf, this is in accordance with the terms and conditions.
- (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 or penalties.
- (iv) I undertake to keep all necessary records pertaining to the Knowledge Transfer Group and output of tasks to be completed for verification by the facilitator/organiser and inspection by the Department of Agriculture, Food and the Marine or agents acting on its behalf for a period up to and including 6 years after the end of the programme.
- (v) I confirm that the information above is correct to the best of my/our knowledge and that it refers to me/us.
- (vi) I further agree that the details supplied in my application form, along with any supporting documentation, and any information held in the KTG Database relating to my attendance or non-attendance at meetings or events may be made available to the Department or to any other body where required for scheme evaluation and statistical purposes and that the results of which may be made public.
- (vii) I understand that all data held/requested/accessed by the Department is subject to the Data Protection Acts 1998 as amended by the 2003 data protection Act, the Data Protection Act 2018 and the General Data Protection Regulations (EU 2016/679), which come into effect on 25 May 2018.
- (viii) I understand that attendances are not valid for payment purposes, if attendance is recorded 30 minutes after the start time of the meeting or if I leave 30 minutes before the end time of the meeting.
- (ix) I understand that attendances are not valid for payment purposes if attendance sheets are not signed at the beginning and at the end of the meetings or events.
- (x) I understand that the Department may terminate or postpone the scheme at any stage without prior notification. The Department will not cover any costs incurred in the project in the event of termination or postponement.
- (xi) The Department shall not be liable for any direct or indirect loss or liability to the participant resulting from information transferred to the organiser by the facilitator on behalf of a participant. Payments may be reduced or lost where it is found that the participant, facilitator, or organiser does not adhere to the conditions of the KTG scheme.
- (xii) I authorise the facilitator and organiser whose details are set out in this form to communicate with the Department and act on my behalf for the purpose, in the first instance, of completing and submitting the relevant application form(s) and thereafter for the submission of my/our details in such format as may be required from time to time by the Department.
- (xiii) I agree that the Department can contact me directly after the KTG is completed without having to notify or seek permission from the organiser or facilitator. This contact may include requesting information on the level of forest management activity that has taken place since the KTG ended. Participants may also be asked their views on how the KTG worked for them and what improvements could be made to the scheme in the future.
- (xiv) I agree that the Department, without further notification to me or those involved in this KTG application, can request from Coillte Teoranta or any other relevant organisation that manages forest partnership arrangements with forest owners where the timber rights are transferred to these organisations either temporarily or on a permanent basis, confirmation that I am not in a partnership arrangement with them with regard to timber rights concerning forests that I own.
- (xv) I understand that video footage may be recorded during the KTG meetings and that these videos may be shown on the Department's website or through other channels.
- (xvi) I authorise the Department to forward my personal details to my facilitator and organiser whenever the need arises.
- (xvii) I agree that the Department may request/access data held externally in relation to me, which is required for the purpose of assessment/verification of my/our application and participation in the KTG scheme.

**Please note this application cannot be accepted unless it is signed by the Participant and their Nominee (if any).**

Participant Signature		Date	
Print Name			
Nominee Signature		Date	
Print Name			

To be completed by KTG Organiser:

KT Group Name:	
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