Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: E1274043 E1274043

Name(s): LOUISE MARSHALL

Address: BOHILLION, BURT
Speenogue P.O, Lifford
Co Donegal

Date of Birth: 8/4/65

Contact Telephone No: 0866680050

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 ☐ NO ☐

Please state the name of the individual participating on behalf of the Partnership:

.....

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☑ Company Number: .....

Please state the name of the individual participating on behalf of the Company:

.....

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

.....

Address of nominee .....

.....Date of Birth: ...../...../.....

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

E **Nominee's Signature 1:** .....

F **Nominee's Signature 2:** .....

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Louise Marshall

B **Participant's Signature 2:** Louise Marshall

C **Participant's Signature 3:** Louise Marshall

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.

D **Signature:** Louise Marshall **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: Tom Dawson
Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: 4 1 2 7 0 3 8 2

Name(s): Rosemary Marshall

Address: Bohillion
Burt
Speenogue Co. Donegal

Date of Birth: 31/1/1959

Contact Telephone No: 074 9156239

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 ☐ NO ☒

Please state the name of the individual participating on behalf of the Partnership:

.....

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☒ Company Number: .....

Please state the name of the individual participating on behalf of the Company:

.....

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

.....

Address of nominee.....

.....Date of Birth: ...../...../.....

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

E **Nominee's Signature 1**: .....

F **Nominee's Signature 2**: .....

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Rosemary Marshall

B **Participant's Signature 2:** Rosemary Marshall

C **Participant's Signature 3:** Rosemary Marshall

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.

D **Signature:** Rosemary Marshall **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: Tom Dawson
Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: E 1 3 0 1 0 5 9

Name(s): ALWYN J LONG

Address: KILDRUM LOWER, CARRIGANS, LIFFORD Co. DONEGAL

Date of Birth: 24 / 12 / 1957

Contact Telephone No: 00447703499936

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

Address of nominee

Date of Birth: ...../...../.....

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

E **Nominee's Signature 1**:

F **Nominee's Signature 2**:

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** _____

B **Participant's Signature 2:** _____

C **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.

D **Signature:** _____ **Date:** 28/6/16

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: Tom Dawson

Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.

Contact Telephone No: 0868238283

Group Name: .....

Facilitators: KT Ref No: KT | 0 | 0 | 0 | 9 | 4 | 1 |

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: E 1 2 9 0 4 5 6

Name(s): JACK EAKIN

CREEVE

Address: CARRIGANS

LIFFORD

Co DONEGAL

Date of Birth: 15/6/1932

Contact Telephone No: 07803 143737

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

✓

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

PETER EAKIN

Address of nominee CREEVE

CARRIGANS, LIFFORD, Co DONEGAL Date of Birth: 10/3/1962

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

E **Nominee's Signature 1:** PETER

F **Nominee's Signature 2:** PETER

G **Nominee's Signature 3:** PETER

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** _____

B **Participant's Signature 2:** _____

C **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.

D **Signature:** _____ **Date:** 1/7/2016

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: Tom Dawson

Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.

Contact Telephone No: 0868238283

Group Name: .....

Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: L 1 4 0 1 7 5 8

Name(s): Aoife Ní Mhaille

Address: Na Curracha
Droim Seanbho
Liatroim

Date of Birth: ~~20/01/1978~~ 21/03/1987

Contact Telephone No: 086 3814609

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☑ NO ☐ Company Number: 577617

Please state the name of the individual participating on behalf of the Company:
FERGAL MEEHAN

Nominee:

Name of nominee for the duration of the programme (see (ii) below):
FERGAL MEEHAN

Address of nominee NA CURRACHA, DROIM SEANBHO, LIATROIM

Date of Birth: 20/01/80

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

E **Nominee's Signature 1:** Fergal Meehan

F **Nominee's Signature 2:** Fergal Meehan

G **Nominee's Signature 3:** Fergal Meehan

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** aoife Nimhaille

B **Participant's Signature 2:** aoife Nimhaille

C **Participant's Signature 3:** aoife Nimhaille

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.

D **Signature:** aoife Nimhaille **Date:** 27th June 2016

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

Status of Signatory (Company): Little Bó Ltd

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: Tom Dawson
Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: L 1 5 7 1 5 2 1

Name(s): Anne & Malley

Address: Beadagh Carrygallen Co Leitrim

(086 3393028)

Date of Birth: 31/12/1956

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

John & Malley

Address of nominee Beadagh Carrygallen Co Leitrim

Date of Birth: ...../...../.....

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

E **Nominee's Signature 1:** John & Malley

F **Nominee's Signature 2:** John & Malley

G **Nominee's Signature 3:** John & Malley

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Anne O'Malley

B **Participant's Signature 2:** Anne O'Malley

C **Participant's Signature 3:** Anne O'Malley

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.

D **Signature:** Anne O'Malley **Date:** 28/06/16

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: Tom Dawson
Address of Facilitator 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: E 1 6 7 1 4 9 2

Name(s): John Quinn

Address: Ballinalone Walshtown
Lifford Co Donegal

Date of Birth: 08/08/1954

Contact Telephone No: 086 2673229

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 ☐ NO ☒

Please state the name of the individual participating on behalf of the Partnership:

.....

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☒ Company Number: .....

Please state the name of the individual participating on behalf of the Company:

.....

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

.....

Address of nominee.....

.....Date of Birth: ...../...../.....

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

E **Nominee's Signature 1:** .....

F **Nominee's Signature 2:** .....

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** _____

B **Participant's Signature 2:** _____

C **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.

D **Signature:** _____ **Date:** 2-7-16

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: Tom Dawson
Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: L 1 0 3 4 0 8 9

Name(s): Phil Rooney

Address: Ardagh
Rossinver
Co. Leitrim

Date of Birth: 26/02/1991

Contact Telephone No: 0877713675

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

Phil Rooney

Address of nominee Ardagh, Rossinver, Co. Leitrim

Date of Birth: 26/02/1991

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

E **Nominee's Signature 1:**

F **Nominee's Signature 2:**

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture. Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** _____

B **Participant's Signature 2:** _____

C **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.

D **Signature:** _____ **Date:** 28/6/16

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: Tom Dawson

Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.

Contact Telephone No: 0868238283

Group Name: .....

Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'.

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: E1 8631 38

Name(s): JAMES Vance

Address: Ballinacorick
Ballintra
Co Donegal

Date of Birth: 1 / 6 / 1977

Contact Telephone No: 087 6684242

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

LAURA Doherty

Address of nominee Ballinacorick, Ballintra, Co Donegal

Date of Birth: ...../...../.....

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

E **Nominee's Signature 1:** Laura Doherty

F **Nominee's Signature 2:** Laura Doherty

G **Nominee's Signature 3:** Laura Doherty

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** James Vance

B **Participant's Signature 2:** James Vance

C **Participant's Signature 3:** James Vance

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.

D **Signature:** James Vance **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: Tom Dawson
Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.
Contact Telephone No: 0868238283
Group Name: .....
Facilitators: KT Ref No: KT 0 0 0 9 4 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas".

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: T 1 7 2 4 0 1 4

Name(s): Robert Birtwistle

Address: CARRAGEEN
LEITRIM VILLAGE
CARRICKON SHANNON CO. ROSCOMMON

Date of Birth: 08/06/1963

Contact Telephone No: 087 1350241

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☑ Company Number: .....

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

EMMA BIRTWISTLE

Address of nominee CARRAGEEN, LEITRIM VILLAGE,
CARRICKON SHANNON CO. ROSCOMMON Date of Birth: 01/03/1993

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

E **Nominee's Signature 1:** Emma Birtwistle

F **Nominee's Signature 2:** Emma Birtwistle

G **Nominee's Signature 3:** Emma Birtwistle

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1**: _____

B **Participant's Signature 2**: _____

C **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.

D **Signature:** _____ **Date:** 29 6 16

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: Shane Hennessy

Address of Facilitator: 8 Grattan Street, Tipperary Town, Co. Tipperary.

Contact Telephone No: 0862479182

Group Name: .....

Facilitators: KT Ref No: KT | 0 | 0 | 1 | 0 | 0 | 1 |

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: P 1 1 4 1 2 6 9

Name(s): RUTH BOURKE

Address: CASTLEHILL House, CASTLE HILL, BALLINA, CO. MAYO

Date of Birth: ...../...../.....

Contact Telephone No: 087 9075997

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

.....

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☑ Company Number: .....

Please state the name of the individual participating on behalf of the Company:

.....

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

SEAN MC HUGH

Address of nominee MULLAVN, NEWPORT, CO. MAYO.

Date of Birth: 18/12/82

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

Nominee's Signature 1: Seán Mc Hugh

Nominee's Signature 2: Seán Mc Hugh

Nominee's Signature 3: Seán Mc Hugh

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Ruth Bourke

B **Participant's Signature 2:** Ruth Bourke

C **Participant's Signature 3:** Ruth Bourke

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.

D **Signature:** Ruth Bourke **Date:** 28/06/2016

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 001001

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: L 1 6 5 2 7 3 4

Name(s): JOHN CRONOGUE

Address: LITTLE TREES COTTAGE, LORTOBER, CARRICK-ON-SHANNON, LEITRIM

Date of Birth: 23-01-1955

Contact Telephone No: 086 8127536

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 ☐ NO ☐

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☒ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

MICHAEL HESLIN

Address of nominee: DRUMMAGH, CARRICK-ON-SHANNON, Co. LEITRIM

Date of Birth: 12/13/57

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

E **Nominee's Signature 1:**

F **Nominee's Signature 2:**

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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.

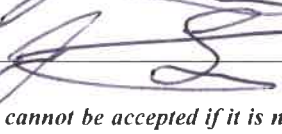
I/We understand that all data held/requested/accessed by the Department is subject to the Data Protection Acts 1998 and 2003.

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 Beef Programme.

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

A **Participant's Signature 1:** X 

B **Participant's Signature 2:** X 

C **Participant's Signature 3:** X 

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.

D **Signature:** X  **Date:** 27/6/16

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: 4 1 7 1 1 3 1 4

Name(s): CIARAN CULKIN
PATCH

Address: DROMORE WEST
CO. SLIGO

Date of Birth: 24/04/1952

Contact Telephone No: 087 9320033

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

CLAIR CULKIN

Address of nominee PATCH, DROMORE WEST, CO. SLIGO

Date of Birth: 11/08/1956

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

Nominee's Signature 1: blair bulkin

Nominee's Signature 2: blair bulkin

Nominee's Signature 3: blair bulkin

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Brian Dalbi

B **Participant's Signature 2:** Brian Dalbi

C **Participant's Signature 3:** Brian Dalbi

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.

D **Signature:** Brian Dalbi **Date:** 27/6/2016

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791182

Group Name: .....

Facilitators: KT Ref No: KT 001001

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☑

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: U 1 4 1 1 4 0 0

Name(s): OLIVER DAVEY

Address: TUBBERTELLY ACHONRY
BALLYMOTE CO. SLIGO

Date of Birth: 21/07/1949

Contact Telephone No: 087 9135510

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

Address of nominee

Date of Birth: ...../...../.....

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

E **Nominee's Signature 1:**

F **Nominee's Signature 2:**

G **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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** X _____

B **Participant's Signature 2:** X _____

C **Participant's Signature 3:** X _____

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.

D **Signature:** X _____ **Date:** 28-6-16

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: SHANE HENNESSY
Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St, Tipperary Town.
Contact Telephone No: (062) 82856 (086) 4791182
Group Name: .....
Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** John Duffy

B **Participant's Signature 2:** John Duffy

C **Participant's Signature 3:** John Duffy

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.

D **Signature:** John Duffy **Date:** 27/6/16

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: T 1 9 4 0 1 2 4

Name(s): MR JOHN DUFFY

Address: BANADA
BALLAGHADERREEN
Co ROSCOMMON

Date of Birth: 14 / 02 / 1965

Contact Telephone No: 087 2915561

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

MAURA DUFFY

Address of nominee BANADA BALLAGHADERREEN,
CO ROSCOMMON Date of Birth: 18 / 9 / '63

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

E **Nominee's Signature 1:** Maura Duffy

F **Nominee's Signature 2:** Maura Duffy

G **Nominee's Signature 3:** Maura Duffy

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: G 1 4 0 1 1 7 2

Name(s): MARY HAYDEN + EAMON HAYDEN

Address: "KNOCKNAGOW," STRIPE, FURBO Co. GALWAY

Date of Birth: 17/07/1955

Contact Telephone No: 086 3659842

If in joint ownership please state the name of the individual that will be a participant in the Programme:
MARY HAYDEN

Are you a member of a Registered Farm Partnership YES ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):
EAMON HAYDEN

Address of nominee "KNOCKNAGOW," STRIPE, FURBO. Co. GALWAY

Date of Birth: 19/06/1954

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

Nominee's Signature 1: Mary Hayden Eamon Hayden

Nominee's Signature 2: Mary Hayden Eamon Hayden

Nominee's Signature 3: Mary Hayden Eamon Hayden

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KTIB

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 Beef Programme.

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

A **Participant's Signature 1:** Mary Hayden

B **Participant's Signature 2:** Mary Hayden

C **Participant's Signature 3:** Mary Hayden

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.

D **Signature:** Mary Hayden **Date:** 27/6/16

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 CRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1 EE

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: 4 1 6 7 1 2 2 3

Name(s): JAMES HENRY JUDGE

Address: 'COVA di RIA', CROAGH
DROMORE WEST
Co. SLIGO

Date of Birth: 10 / 04 / 1955

Contact Telephone No: 086-3019394

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):
MARGARET JUDGE

Address of nominee AS ABOVE

Date of Birth: 02 / 03 / 54

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

E **Nominee's Signature 1:** MJudge

F **Nominee's Signature 2:** MJudge

G **Nominee's Signature 3:** MJudge

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** James Henry Judge

B **Participant's Signature 2:** James Henry Judge

C **Participant's Signature 3:** James Henry Judge

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.

D **Signature:** James Henry Judge **Date:** 28.6.16.

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 CRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

Department of Agriculture, Food and the Marine
Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

"The European Agricultural Fund for Rural Development: Europe investing in rural areas"

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: W1151998

Name(s): NOEL KEAVENEY

Address: LAHAN AGH
BALLINTOGHER
Co. Sligo

Date of Birth: 02 / 01 / 1962

Contact Telephone No: 087-7926729

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 ☒ NO ☒ NO

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☒ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below): ANN KEAVENEY

Address of nominee LAHAN AGH, BALLINTOGHER, Co. Sligo

Date of Birth: 8/04/1963

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

Nominee's Signature 1: Ann Keaveney

Nominee's Signature 2: Ann Keaveney

Nominee's Signature 3: Ann Keaveney

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Noel Keaveney

B **Participant's Signature 2:** Noel Keaveney

C **Participant's Signature 3:** Noel Keaveney

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.

D **Signature:** Noel Keaveney **Date:** 27/6/2016

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 001001

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned thereby delaying this registration process

Department of Agriculture, Food and the Marine
Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: P 1 0 5 0 4 0 9

Name(s): MICHAEL MELODY

Address: GROVE RD
BONNICONLON
BALLINA
CO. MAYO

Date of Birth: 20 / 10 / 61

Contact Telephone No: 086 2660096

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 ☐ NO ☑

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☑ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

Address of nominee

Date of Birth: ...../...../.....

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

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** X Michael Mulcahy

B **Participant's Signature 2:** X Michael Mulcahy

C **Participant's Signature 3:** X Michael Mulcahy

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.

D **Signature:** X Michael Mulcahy **Date:** 28/06/16

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: SHANE HENNESSY

Address of Facilitator: KEA CLARKE HENNESSY, 8 CNATTAN St, Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: P 1 0 1 0 8 4 9

Name(s): Mary Murray

Address: Quignashee, BALLINA, CO. MAYO

Date of Birth: 21/01/1932

Contact Telephone No: 086 3305900

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 ☐ NO ☒

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number:

Is the farm operating as a Company YES ☐ NO ☒ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

RAYMOND MURRAY

Address of nominee QUIGNASHEE, BALLINA, CO. MAYO

Date of Birth: 26/02/1970

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

E **Nominee's Signature 1:** Ray Murray

F **Nominee's Signature 2:** Ray Murray

G **Nominee's Signature 3:** Ray Murray

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Mary Murray

B **Participant's Signature 2:** Mary Murray

C **Participant's Signature 3:** Mary Murray

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.

D **Signature:** Mary Murray **Date:** 28/6/16

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: SHANE HENNESSY

Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.

Contact Telephone No: (062) 82856 (086) 4791827

Group Name: .....

Facilitators: KT Ref No: KT 0 0 1 0 0 1

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.

KT1B

Department of Agriculture, Food and the Marine
An Roinn Talmhaíochta, Bia agus Mara

Ireland's EU Structural and Investment Funds Programmes 2014 - 2020
Co-funded by the Irish Government and the European Union

'The European Agricultural Fund for Rural Development: Europe investing in rural areas'

Knowledge Transfer (KT1 - BEEF)

(Please complete fully in BLOCK CAPITALS)

Herd Number: P 1 1 9 1 J 9 8

Name(s): DAMIEN CORRIGAN

Address: KNOCKALOUGH
BALLYSAKEERY, BALLINA
CO MAYO

Date of Birth: 30/05/1981

Contact Telephone No: 086 2636070

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 ☐ NO ☒

Please state the name of the individual participating on behalf of the Partnership:

If YES, state the Registered Farm Partnership Number: ☐☐☐☐☐☐☐☐

Is the farm operating as a Company YES ☐ NO ☒ Company Number:

Please state the name of the individual participating on behalf of the Company:

Nominee:

Name of nominee for the duration of the programme (see (ii) below):

MARY O'NEILL

Address of nominee KNOCKALOUGH, BALLYSAKEERY, BALLINA
CO MAYO Date of Birth: 18/11/1981

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

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 Beef 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 Beef 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 Beef programme and the Farm Improvement Plan for verification by the facilitator and inspection by the Department of Agriculture, Food and the Marine (DAFM) for a period up to and including 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 Bord Bia, Animal Health Ireland, ICBF, Teagasc, Health and Safety Authority for the purposes of compliance with this Knowledge Transfer Programme (Appendix 4).

Incomplete or illegible forms will be returned, thereby delaying this registration process.

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 Beef Programme.

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

A **Participant's Signature 1:** Damien Corrigan

B **Participant's Signature 2:** Damien Corrigan

C **Participant's Signature 3:** Damien Corrigan

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.

D **Signature:** Damien Corrigan **Date:** 10/7/16

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: SHANE HENNESSY
Address of Facilitator: REA CLARKE HENNESSY, 8 GRATTAN St., Tipperary Town.
Contact Telephone No: (062) 82856 (086) 4791822
Group Name: .....
Facilitators: KT Ref No: KT 001001

Please confirm if you are submitting the above applicant as one of your 20% new members

Yes ☐ No ☐

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

Facilitator Signature _____ **Date:** _____

Incomplete or illegible forms will be returned, thereby delaying this registration process.