OFFICIAL ENDORSEMENT

**The undersigned:**

|  |  |
| --- | --- |
| *Name of the Director* *(Supervisor, Employer)* |  |
| *Institution*  |  |
| *Address* |  |
| *Telephone* |  |
| *E-mail*  |  |
| **endorses the following staff member:**  |
| *Name of application candidate* |  |
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| **as candidate for the course on** WOOD CONSERVATION TECHNOLOGY - ICWCT 2024 |

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| **and gives them permission to attend the course as an official capacity building activity. The candidate’s present position will still be available to them after the course is over.**  |

 |
| *Signature* |  |
| *Date*  |  |
|  |  |
| *Stamp of institution (if available)* |  |