OFFICIAL ENDORSEMENT

**The undersigned:**

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