

Workshop attendee details:



CPGR

CENTRE FOR PROTEOMIC
& GENOMIC RESEARCH

Name	
Identity/Passport number	
Residential address	
Contact number	
Brief description of project/work being done at CPGR	
Attendance of 2 week Laboratory ready journey workshop	
Reporting to	Dr. Shane Murray
Emergency contact	
Relationship	
Contact number	



CPGR

CENTRE FOR PROTEOMIC
& GENOMIC RESEARCH

Dear

This letter serves to confirm the agreement between the Centre for Proteomic and Genomic Research (CPGR) and yourself in association with your attending the Laboratory Ready workshop at the CPGR. The CPGR will permit you access to the laboratory and equipment for the purpose of fulfilling your visit responsibilities providing the following conditions have been met.

- You agree to abide by the safety policies and procedures of the CPGR.

Indemnity

- In consideration of the CPGR permitting you access, you agree to release and hold harmless the CPGR and its entire staff from all claims or actions maintained by you, or persons on your behalf, caused as a result of such access
- You agree that the CPGR does not assume responsibility for any continuing medical surveillance of you, subsequent to your access to the CPGR's facilities.

Non-Disclosure agreement

- You agree to hold confidential or proprietary information or trade secrets ("confidential information") in trust and confidence and agree that it shall be used only for the contemplated purposes, shall not be used for any other purpose, or disclosed to any third party
- No copies will be made or retained of any written information or prototypes supplied without the permission of the CPGR
- At the conclusion of any discussions, or upon demand by CPGR all confidential information, including prototypes, written notes, photographs, sketches, models, memoranda or notes taken shall be returned to the CPGR
- Confidential information shall not be disclosed to any employee, consultant or third party unless the agree to execute and be bound by the terms of this agreement, and have been approved by CPGR

Your visit will be supervised by: (When needed)

Accepted by (print name): on this day
(enter date)..... in (enter place).....

Signed:.....

On behalf of CPGR..... Date.....