



European Agricultural Fund for Rural Development -  
Europe Investing in Rural Areas.



**LandSkills Client Enrolment Form**

<b>First Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	
<b>Please state ethnicity:</b>	
<b>Owner/Manager/Director/Employee (please circle)</b>	
<b>Job Role i.e. herdsman, farm manager etc</b>	

<b>Contact details</b> Also please tick your preferred method of contact	
<b>Office telephone:</b>	<input type="checkbox"/>
<b>Mobile number:</b>	<input type="checkbox"/>
<b>Fax:</b>	<input type="checkbox"/>
<b>Email:</b>	<input type="checkbox"/>

<b>National Insurance Number:</b>
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**About the business**

<b>Business Name and address and SBI (Holding Number):</b>	
<b>Post code:</b>	<b>Council Tax District:</b>
<b>Number of full time and part time employees in the business:</b>	
<b>Number of migrant full time and part time employees in the business:</b>	
<b>Approx business turnover (i.e. £10-£20K or £50-£70K):</b>	
<b>Please state your training requirement i.e.</b>	

**Type of business**

(Please tick all that apply)

Farming	<input type="checkbox"/>	Forestry	<input type="checkbox"/>
Production Horticulture	<input type="checkbox"/>	Agricultural Contractor	<input type="checkbox"/>
Forestry Contractor	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Main business activity:** (please tick all that apply and state primary and secondary)

Dairy	<input type="checkbox"/>	Beef	<input type="checkbox"/>	Arable (non-food)	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	Pigs	<input type="checkbox"/>	Forestry	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	Arable (Food)	<input type="checkbox"/>	Production Horticulture	<input type="checkbox"/>
Contractor	<input type="checkbox"/>				

**Declaration:**

I have had the scheme and eligibility explained to me and agree to provide equal opportunities monitoring information when training is undertaken.

**Data Protection Act 1998:** Lantra will process this information for the purposes of accounts and records, auditing, education and marketing and may pass details to government departments and other agencies that may be of benefit to you.

**Sign and Date:**

<b>Eligibility checked by provider:</b>	<b>Client reference number:</b> (Please initial and date)
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