



# Countryside Stewardship Facilitation Fund

## Activity evaluation form

This form must be completed by the facilitator/sub-contractor (Section A) and two group members who have taken part in the activity (Section B). Please complete the form as fully as possible. All the information you provide will help us complete claims and provide evaluation evidence.

Please make sure that **one of these forms is filled in for every activity** along with the completed list of participants (Annex 1). Please fill in the form using black ink

Please submit **all** completed forms and supporting evidence with your claim to [ruralpayments@defra.gov.uk](mailto:ruralpayments@defra.gov.uk)

### Section A: facilitator or sub-contractor to complete

Location/venue:

Activity type:

Training

Meeting

Date held:

Preparation time:

Duration of  
event:

Number of  
group members  
participating:

Please remember to complete  
the list of participants (Annex 1)

### Sub-contractor details (if applicable):

(for example, guest speaker or trainer)

Name:

Role:

Contact telephone  
Number:

Email address:

## **Section A: facilitator or sub-contractor to complete (continued)**

What activities were undertaken during the session?

## **Section B: to be completed by 2 group members:**

Member 1 name:

How have you personally and as a group benefitted from attending this activity?

By completing this section you are providing evidence that this activity has taken place as described and that it has been of benefit to you and the group as a whole. We may wish to contact you in the future to confirm your experience of this activity. By completing this form you agree to this.

Signature:

Date:

Member 2 name:

How have you personally and as a group benefitted from attending this activity?

By completing this section you are providing evidence that this activity has taken place as described and that it has been of benefit to you and the group as a whole. We may wish to contact you in the future to confirm your experience of this activity. By completing this form you agree to this.

Signature:

Date:

## Annex 1: list of participants

Please indicate in the table below whether you are an existing group member or looking to join the group. Please also tell us if you are an authorised representative, and what your role is in the business. All participants must be listed, failure to do so may affect payment.

No.	Name	SBI	Group member (Yes or No)	Group member's representative (Yes or No)	Role in the business (if a representative)	Potential Group member (Yes or No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

No.	Name	SBI	Group member (Yes or No)	Group member's representative (Yes or No)	Role in the business (if a representative)	Potential Group member (Yes or No)
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						

## Using and sharing your information

For information on how we handle personal data go to GOV.UK and search 'Rural Payments Agency personal information charter'.