



Countryside Stewardship Facilitation Fund

Nominate a representative form

Use this form if:

- You want to nominate a representative who is not a part of the Facilitation Fund group, to attend a CSFF meeting, or Facilitator led training session on your behalf.

Notes about this form:

- This form is filled in electronically, but wet signatures are required from the group member and the nominated representatives. Print the form to sign it. The Facilitator should keep the original and send in a scanned copy to us.
- The completed form should be sent to us at ruralpayments@defra.gov.uk using the subject heading 'Countryside Stewardship Facilitation Fund – Nominate a representative form'
- We require the completed form either in advance of, or when the Facilitator sends in their claim form as this information is required to verify who attended the CSFF event.
- The nominated person will be required to share their learning to the group member at a later date.
- The nominated person could be a farm manager, or someone connected to the group members organisation or business.
- The nominated person will be asked to sign an evaluation form during the event to confirm they have attended on your behalf. Give the completed evaluation form to your group Facilitator.
- We must have a record of who the nominated person is who attended the event before we can pay the claim.

Section 1 – Facilitation group details

Facilitation group name

Facilitator's name

Group reference number

Telephone number

Section 2 – Details of CSFF group member

Group member's name

Single Business Identifier (SBI)

Time period for representation
(for example Jan-Mar 2022):

I am a member of the CSFF group detailed above. I wish to nominate the person(s) below to attend training/events/meetings on my behalf. I declare that the information they obtain will be passed to the authorised group member and used to benefit this business in accordance with the CSFF agreement.

Sample signature
(print the form
to sign it)

Details of nominated person (1)

Title and full name

Job role

Telephone number

Email address

Sample signature
(print the form
to sign it)

Details of nominated person (2)

Title and full name

Job role

Telephone number

Email address

Sample signature
(print the form
to sign it)

Details of nominated person (3)

Title and full name

Job role

Telephone number

Email address

Sample signature
(print the form
to sign it)

Details of nominated person (4)

Title and full name

Job role

Telephone number

Email address

Sample signature
(print the form
to sign it)

Data protection

For information on how we handle personal data go to GOV.UK and search for '[Rural Payments Agency personal information charter](#)'.