



## Countryside Stewardship Facilitation Fund

### Nominate a representative form: Continuation sheet

#### Use this form if:

- You need more space to add more nominated representatives to attend CSFF meetings or Facilitator led training sessions on behalf of CSFF group members.

#### Notes about this form:

- This form should only be used if you have filled in the [Nominate a representative form](#) on GOV.UK, and need more space to add additional representatives.
- The 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 Nominate a representative form and this continuation sheet should be sent to us at [ruralpayments@defra.gov.uk](mailto:ruralpayments@defra.gov.uk). Use the subject heading 'CSFF – Nominate a representative form and continuation sheet'.
- Each nominated person who attends an event on your behalf will be asked to sign an evaluation form to confirm they have attended. Give the completed evaluation form to your Facilitator.
- The Facilitator must send this form to us at [ruralpayments@defra.gov.uk](mailto:ruralpayments@defra.gov.uk) either in advance of, or when they send in the claim form as this information is needed to verify who attended the CSFF event.
- 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

Title and full name

Job role

Telephone number

Email address

Sample signature  
(print the form  
to sign it)

### Details of nominated person

Title and full name

Job role

Telephone number

Email address

Sample signature  
(print the form  
to sign it)

**Details of nominated person**

Title and full name

Job role

Telephone number

Email address

Sample signature  
(print the form  
to sign it)

**Details of nominated person**

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](#)'.