



Countryside Stewardship Facilitation Fund Group member form

Use this form if:

- You want to become a member of a Facilitation Fund group.

Notes about this form:

- Your Facilitator needs to provide us with the information on this form when making their application for a Facilitation Fund agreement.
- You can fill in the form electronically but you will need to print it to sign it. Send the completed form to your Facilitator so that they can include a copy of it with their application. Your Facilitator must keep the original signed version. You and your Facilitator should keep a copy of the form for your records.
- If you wish to nominate a representative(s) to attend a CS Facilitation Fund meeting or Facilitator led training session on your behalf, please provide details below. The nominated person could be a farm manager, or someone connected to the business, who will feedback from the meeting or session and share their learning with the business.
- If you nominate a representative(s) on this form, they will need to provide a sample signature for our records. Fill in the form and then print it and ask them to provide their signature.
- If changes occur during the lifetime of the agreement and you need to update the representatives who may attend on your behalf, you will need to complete the [‘Nominate a representative’ form](#) which you can find on GOV.UK.
- Read the [Applicant’s guide: Facilitation Fund 2023](#) on GOV.UK for help in filling out this form.

Using and sharing your information

- The Department for Environment, Food and Rural Affairs (Defra) is the data controller for personal data you give to RPA. For information on how we handle personal data go to www.gov.uk and search ‘Rural Payments Agency personal information charter’.

Part A – Group member details

Group member’s name

Email address

(this should be the email address you have used to register with us on the Rural Payments service)

Business SBI number

Business name

Telephone number

Part B – Land details and eligibility

1. Total area of your holding (ha)
2. Will you have management control of the land for the full length of the Facilitation Fund agreement? Yes No
If Yes, go to Question 5, if No, go to Question 3.
3. Tick to confirm if the landowner will continue to be a group member for the remainder of the agreement when your management control of the land has ended.
4. Tick to confirm that you have obtained confirmation that the landowner will continue as a group member.
The landowner must provide written (email is acceptable) confirmation of this which must be sent to the Facilitator with this form.
5. If you do not own the land, tick the box to confirm that you have informed the landowner (or their agent) that you are planning to join a Facilitation group.
You must do this to check the land is eligible for funding under the terms and conditions of the Facilitation Fund agreement. Read the [Applicant's guide: Facilitation Fund 2023](#) for more details.
6. Tick the box to confirm that your landlord has given you written consent (email can be accepted) that the land is eligible, and that you can use it as part of the Facilitation Fund agreement.
Confirmation of consent must be obtained to become an eligible group member. Send this to the Facilitator with this form.
7. Tick this box to confirm that you support the proposed group activities.
8. Tick this box to confirm you have seen and signed the Facilitation group agreement form.

Part C – Nominate a representative

Name

Job role

Telephone number

Email address

Time period for representation

Sample signature

If you would like to nominate additional representatives, fill in the ['Nominate a representative' form](#) which you can find on GOV.UK.

Part D – Declaration

I declare that:

- To the best of my knowledge and belief, all of the information contained in this form, and any other supporting documentation, is true and correct and I accept full responsibility for it.
- Any information I supply may be used by public bodies or their appointed agents in connection with the Countryside Stewardship Facilitation Fund, and that I may be contacted from time to time.
- I understand that my information may also be shared with other government departments and agencies for the purpose of fraud prevention and detection.

Group member
signature



Date

Warning: if you know or recklessly make a false statement to obtain payments for yourself or anyone else, you risk prosecution, termination of the Facilitation agreement and the recovery of all grant payments made under the Facilitation agreement.

By submitting this form, you are confirming that you have read and agree with the above declarations and you consent to us processing the information that we collect from you in accordance with our Privacy Policy and personal information charter.