



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

Section A: facilitator or sub-contractor to complete

Group ref no:

Location/venue:

Activity type

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):

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 participants:

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 whether the group member or an authorised representative attended the activity.

No.	Name	SBI	Group member	Representative	Role in the business
1					
2					
3					
4					
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No.	Name	SBI	Group member	Representative	Role in the business
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Data Protection

For information on how we handle personal data go to www.gov.uk/rpa and search 'Rural Payments Agency personal information charter'.