

Yorkshire & Humber LandSkills Beneficiary Enrolment Form

* All fields are mandatory

Trainee Details:

First Name:		Surname:	
Date of Birth:		Please state ethnicity:	
Please circle: Owner/Manager/Director/Employee		Job Role: i.e. herdsman, farm manager etc.	
Home/Mobile telephone number:		Email:	

About the Business:

Business Name:	
Holding Number / SBI Number:	
Address:	
Postcode:	
Telephone Number:	Email:
Local Authority Council Tax District:	
Number of part time employees:	Number of full time employees:
Number of seasonal migrant workers:	Number of permanent migrant workers:

Approximate business turnover:

Less than £10,000	<input type="checkbox"/>	£10,000 to £24,999	<input type="checkbox"/>
£25,000 to £49,000	<input type="checkbox"/>	£50,000 to £99,999	<input type="checkbox"/>
£100,000 to £249,000	<input type="checkbox"/>	£250,000 to £499,999	<input type="checkbox"/>
£500,000 to £999,999	<input type="checkbox"/>	£1 million to £2 million	<input type="checkbox"/>
£2 million to £5 million	<input type="checkbox"/>	Over £5 million	<input type="checkbox"/>
Do not know	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

Type of business (please tick all that apply)

Farming	<input type="checkbox"/>	Forestry	<input type="checkbox"/>
Production Horticulture	<input type="checkbox"/>	Agricultural Contractor	<input type="checkbox"/>
Forestry Contractor	<input type="checkbox"/>	Other	<input type="checkbox"/>

Main business activities: (please tick all that apply and note primary and secondary)

	Primary	Secondary		Primary	Secondary
Dairy	<input type="checkbox"/>	<input type="checkbox"/>	Beef	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	Pigs	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	<input type="checkbox"/>
Arable (non-food)	<input type="checkbox"/>	<input type="checkbox"/>	Arable (food)	<input type="checkbox"/>	<input type="checkbox"/>
Production Horticulture	<input type="checkbox"/>	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	<input type="checkbox"/>

Impact of Training (please select one only)

Improved business performance	<input type="checkbox"/>	Reduced costs	<input type="checkbox"/>
Improved profitability	<input type="checkbox"/>	Reduction in reportable accidents	<input type="checkbox"/>

Declaration: I have had the programme eligibility explained to me and acknowledge that this information is required for equal opportunities monitoring purposes when training is undertaken.
Data Protection Act 1988: Lantra will process this information for the purposes of accounts and auditing of this programme only.

Signature:	Date:
Eligibility checked and signed by provider:	Insert Skills Manager Registration Number: (please initial and date)