



Appendix 1 LandSkills East Midlands Trainee Enrolment Form

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.	

Contact Details:

Office telephone:		Fax:	
Mobile number:		Email:	

About the Business:

Business Name:	
Address:	
Postcode:	Local Authority Council Tax District:
Number of full time employees:	Number of part time employees:
Number of full time migrant workers:	Number of part time 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"/>

Type of Business (please tick all that apply)

Farming (at least 50% of my time)	<input type="checkbox"/>	Forestry	<input type="checkbox"/>
Production Horticulture (at least 50% of my time)	<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"/>

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 by provider: Temporary National Insurance Number (for migrant workers)	Client reference number: (please initial and date)