





TO BE COMPLETED BY DELIVERY PARTNER								
Title of the Course: Organic Food Supply Chains and the Environment								
Training Course Unique	e ID:	Training Provider: Smiths Gore						
Duration of course (total	al hours):	Start Date: 25	/2/15 Finish	Date: 25/2/15				
PLEASE COMPLETE IN INK (OR ELECTRONICALLY) USING BLOCK CAPITALS								
First Names(s):		Surname:						
First Line of Home add	Iress:		Home F	Postcode:				
Home Phone or Mobile	e No:	Personal E-mail:						
Age: Less than 25	25-40 Over 40	Gender: Male	Female					
Are you: Employed Self-Employed Employer								
Employment Status: Full-time Part-time Seasonal Seasonal								
Please tick your ethnicity: White I Indian Black Caribbean Other Black Other Ethnic Group Mixed Pakistani Other Asian Black African Prefer not to say								
Business Details								
Business Name:								
Business Address:			Busine	ss Postcode:				
Business Telephone No:								
Are you happy for us to contact your employer if we require further information?: Yes \(\subseteq \) No \(\subseteq \)								
State type of Business (livestock, agriculture, food industry, forestry etc.):								
No of Full-time employees: Less than 10 ☐ 10 – 50 ☐ 51 – 249 ☐ 250 or more ☐								
Please tick all relevant descriptions for your business: Agric - Livestock Agric - General Forestry Individual Farmer Dairy Farmer Micro Enterprise – balance sheet less than EUR 2 million Non-profit Organisation Public Organisation Other								
Turnover of company: Over £42 Million Under £42 Million Don't know								
Declaration – the information I have provided is correct to the best of my knowledge. I understand that:								
 I have had the programme eligibility explained to me and acknowledge that the information provided is true and accurate, and is required for equal opportunity monitoring purposes when training is undertaken. Data Protection Act 1998: CCA LandSkills, the CCA LandSkills consortium of training providers & Defra will process this information for the purposes of accounting and auditing for this programme only. In certain circumstances, individuals may be approached to pursue further marketing and publicity opportunities. However your personal details will not be used for publicity purposes unless you give your written permission to do so. I am either, currently in an advanced technical, management or Advanced Management role/supervisory role, or I aspire to progress to this level in the future and work in the agricultural, horticultural or forestry management sectors. I agree that any match funding required by the delivery partner is to be paid This programme is funded through the European and UK government and as such the information you have provided will be passed to DEFRA and other government business support and training programmes, who may contact you to monitor your attendance on courses run through the CCA LandSkills Programme. 								
Participant Signed:			Date:					

Trainee name:



Course Evaluation and Feedback

Your feedback is crucial as it could improve the satisfaction of this course for future trainees.							
Please rate the following	Excellent	Good	Average	Poor			
Course organisation							
1. Pre course information							
2. Venue/Site facilities							
Course content							
3. Appropriate to your needs							
4. Course objectives met							
5. How was the pace of delivery?							
6. Course materials							
Instructor							
7. Punctual, friendly & supportive							
8. Effective presenter							
9. Involved all trainees							
10. Technical demonstration/knowledge							
General							
11. How do you rate the event overall?							
12. New skills learnt will be applied in practice	Yes		No				
Any other comments, likes/dislikes, changes you would suggest, etc:							
Future Training Needs (please tick any you are interested in)							
Benchmarking Supply Chain Marketing Marketing Basics Tree Husbandry							
Marketing Opportunities for the Sector Marketing Adding Value Land Management Marketing Opportunities for the Export Market Soil structure and Management Fertilisers and Pesticides							
Technical? Please state:							
Other skills? Please state:							
INTERNAL USE ONLY							
Declaration - I confirm that this Trainee Registration Form has been completed as required under our contract with CCA Landskills for this training course (to be signed by Delivery Partner Representative)							
Delivery partner (Print name):							
Signature Date:							
Olghataro			Date.				