

Organic Demonstration Farm Application Form

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| Name of Applicant | |
| Home Address | |
| Address of holding (if different to home address) | |
| Daytime Contact Telephone Number | |
| Email if available | |
| Organic Licence No. | |
| OFS No. (if applicable) | |
| Name of Organic Certifying Body | |
| No of Years with full organic status | |
| If In-conversion, when did conversion to organics commence? | |
| Total No. of Hectares Farmed | |

ENTERPRISE TYPE: For which category/categories of organic demonstration farm do you wish to be considered for (Please Tick the Box)

| | |
|--|---|
| Drystock (beef and or sheep) <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> | Milk Production <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| Tillage/Cereals <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> | Poultry <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| Horticulture <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> | Other (please specify) <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| Direct Sales <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> | Other (please specify) <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> |

LAND USE (List Main Land Use first) e.g. grass grazed, grass silage, red clover, fieldscale veg, polytunnels, cereals (type oats. Barley etc), forage crops, other etc.

| LAND USE | No of Hectares associated with each |
|----------|-------------------------------------|
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AVERAGE ANNUAL LIVESTOCK numbers 2016 (where applicable)

| Animal type | No. |
|------------------|-----|
| Dairy Cows | |
| Suckler Cows | |
| 0 - 1 year olds. | |
| 1 -2 year olds | |
| >2 year olds | |

| Animal type | No. |
|-----------------|-----|
| Ewes | |
| Lambs | |
| Pigs | |
| Poultry | |
| Other (specify) | |
| Other (specify) | |

Questions(✓ as appropriate)

YES

NO

Are you registered with ICBF/Herd Plus?

☐
☐

If you have a dairying enterprise, are you milk recording?

☐
☐

Are you a previous participant in the Demonstration Farm programme?

☐
☐

If Yes, did you already complete three years as an Organic Demonstration Farm?

☐
☐

Is there sufficient car parking available to accommodate Attendees? (minimum of 30 car parking spaces)

☐
☐

Are all relevant enterprises within walking distance of the central yard/meeting area and available to show on a demo farm walk?

☐
☐

Questions(✓ as appropriate)

YES

What is your experience of marketing your produce?

(a) Established markets secured for all produce

(b) Gradually improving and developing new markets

(c) Challenging marketplace – difficult to place all produce”

Are you willing to disclose financial information regarding your farm on the day of an Organic Demonstration Farm Walk? Yes/No

Please outline why you think your enterprise should be approved as a demonstration farm:

Any other information that you consider relevant to your application

Signed: _____

Dated: _____

Note: This application is be submitted to your respective Organic Control Body for onward transmission by your OCB to the Department before the closing date advertised. Only applications received from OCBs before the closing date will be considered for inclusion in the Programme.