**DECLARATION OF INTEREST**

To be completed if you have a family member or business partner working on an employed, self-employed, sub-contractor or advisor basis for Farming Connect.

|  |  |
| --- | --- |
| Name of try-out fund applicant |  |
| Name and relationship to member of staff / sub-contractor |  |
| Signature of applicant |  |
| CON Number |  |
| BAS Number |  |
| ***For office use - to be completed internally*** | |
| Signature of Farming Connect member of staff / Sub-contractor |  |
| Name of Line Manager / Contract Manager |  |
| Permission of Line Manager / Contract Manager | I give permission / I do not give permission  *(Delete as appropriate)* |
| Signature of Line Manager / Contract Manager |  |
| Try-out fund panel approval | I give permission / I do not give permission  *(Delete as appropriate)* |