

Organic Demonstration Farm Application Form

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	
Number of Years with full organic status	
If In-conversion, when did conversion to organics commence?	
Total No. of Hectares Farmed	

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

Please tick one box indicating your predominant enterprise

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

- Drystock (beef)
- Drystock (sheep)
- Tillage/Cereals
- Horticulture
- Direct Sales
- Milk Production

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AVERAGE ANNUAL LIVESTOCK numbers 2017 (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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to above will you allow access to your ICBF data	<input type="checkbox"/>	<input type="checkbox"/>
If you have a dairying enterprise, are you milk recording?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a dairying enterprise, are you using 'Pasture Base' to record grass growth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a previous participant in the Demonstration Farm programme?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you already complete three years as an Organic Demonstration Farm?	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient car parking available to accommodate Attendees? (minimum of 50 car parking spaces)	<input type="checkbox"/>	<input type="checkbox"/>
Are all relevant enterprises within walking distance of the central yard/meeting area and available to show on a demo farm walk?	<input type="checkbox"/>	<input type="checkbox"/>

Please outline your farming enterprise in detail:

Any other information that you consider relevant to your application

Signed: _____

Dated: _____

Note: This application should be submitted to your respective Organic Control Body for onward transmission by your OCB to the Department before the closing date advertised (Friday 7th September,). Only applications received from OCBs before the closing date will be considered for inclusion in the Programme.