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| **Expression of Interest in Social Farming** |
| **Social Farming Support Office** |

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| --- | --- |
| **PRINT** Name: | |
| PRINT Address: | |
|  | |
|  | |
| County; | Postcode; | |
| Phone; | Mobile; | |
| Email – please **print**; | | |

What particular aspect of Social 'Care' Farming are you interested in? (eg. Farming, from healthcare perspective etc.)

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| Are you a Farmer - (Circle one) | YES | NO |

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| If you are a farmer, please describe your farming practice; |
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| How did you become aware of Social Farming? |

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| --- | --- | --- | --- | --- | --- |
| Word of Mouth |  | Web Search |  | News Article |  |
| Agency Referral |  | Other |  |  |  |

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| SIGNED; |

I hereby consent to the use and disclosure of data and information by the Social Farming Support Office & Waterford Leader Partnership in the promotion and development of Social Farming, any details will not be disclosed to any external parties.

ANY OTHER INFORMATION

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