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***APPLICATION for:
Delivering Social Farming Training Course, 2014***

Name:	
Address:	
County;	Postcode;
Phone;	Mobile;
Email;	

How did you become aware of the Social Farming Across Borders Project?

Word of Mouth	<input type="checkbox"/>	Web Search	<input type="checkbox"/>	News Article	<input type="checkbox"/>	Agency Referral	<input type="checkbox"/>
Other (please explain):							

Please indicate your background eg. farmer, care worker, health professional, carer, rural development etc.

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Why are you interested in training for delivery of social farming?

Are you or your organisation interested in becoming part of the Social Farming Across Borders (SoFAB) Network?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please indicate which venue you would like to attend for training (X your choice)?

Tuesdays at Enniskillen	<input type="checkbox"/>	Thursdays Antrim	<input type="checkbox"/>
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SIGNED;
