# Scottish Smallholder Festival 2022

Saturday 22nd October 2022  
The Forfar Mart, DD8 3EZ

## Breed Society Stand Application Form

Closing date for applications: 1st October 2022

Please complete this form in BLOCK CAPITALS.

|  |  |
| --- | --- |
| Society information (These details will appear in the Festival catalogue, website and on all invoices)  Society Name  Address      Postcode  Telephone  Email  Website address | If a Registered Charity please provide your registration number:  No: |
| VAT registration number:  No: |
| Please tick the relevant boxes if any of these statements apply to you, and read carefully the relevant section(s) of the Terms and Conditions:   |  |  | | --- | --- | | We intend to sell or provide samples of alcohol | **☐** | | We intend to have live animals | **☐** | | We intend to conduct raffles or games of chance | **☐** | | We intend to demonstrate moving machinery or equipment | **☐** | | We intend to have LPG cylinders on our stand | **☐** | |
|
| Correspondence information (General correspondence will be sent to this address)  Name  Telephone  Emergency no  Email  Address (if different to above) |

Please provide details below of your public liability insurance – company, policy number and level of cover:

|  |  |  |  |
| --- | --- | --- | --- |
| *For office use only* | *Date received* | *Payment received* | *Confirmation sent* |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Stand Information** | | | | |
| **Pen size (depth x frontage)** | **No. required** | **Rate** | **Total** | |
| 3.5m x 2.5m pen | 1 | £40.00 each | £40.00 |  |
| If displaying livestock an additional pen will be made available free of charge. Please indicate here if you would like the additional pen. |  | Free of charge | N/A |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Sundries** | | | | |
| **Sundry** | **No. required** | **Rate** | **Total** | |
| Straw |  |  |  |  |
| Trestle table (1.8m length) |  | £7.50 per table |  |  |
| Chairs |  | On request |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Advertising in Catalogue. Note only Black and White available** | | | | |
| **Page size (Run of publication unless specified)** | **Black and White** | **No. Required** | **Total** | |
| Full page | £65 |  |  |  |
| Half page | £40 |  |  |  |
| Quarter Page | £25 |  |  |  |
| Fixed Positions – please contact us to discuss your requirement |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Prize Donations or Sponsor Opportunities** | | | |
| Interested in providing prizes for the event | ☐ |  |  |
| Interest in sponsor opportunities | ☐ |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Payment may be made by BACS:   * Smallholding Scotland * Account no: 65842986 * Sort code: 08-92-99 * Co-Operative Bank * Please put your BACS Reference here   Cheques should be made payable to:   * Smallholding Scotland | **Total due:** |  |  |
|  |  | |
| **I will be paying by:**  **BACS ☐ Cheque ☐** |

|  |  |
| --- | --- |
| **5. Livestock Transportation** | |
| **If you intend to employ a livestock haulier to transport exhibition livestock, please give details below:** | |
| Company name  Contact name  Telephone number  Email address |  |

|  |  |
| --- | --- |
| **6. Catalogue** | |
| **A free entry of up to 20 words plus your society name and contact details will be inserted into the Festival catalogue and website. Please provide the entry text below, print clearly and do not exceed 20 words.** | |
|  |  |

I/We hereby apply for Breed Society space and agree to abide by the Terms and Conditions and Safety Policy of Smallholding Scotland which I/we have read and will pass on to those of our contractors and staff attending the Festival.

**Signed Position Date**

**Return address:**Please send your completed application form, risk assessment form(s) and cheque (if not paying by BACS) to:   
**Martin Beard, Smallholding Scotland, Parkhill House, Arbroath DD11 5RG**

# Smallholding Scotland

## Exhibitor’s Risk Assessment Form

|  |  |
| --- | --- |
| Event: |  |
| Stand Name: | Stand Number: |
| Name of person responsible for health and safety: | Work No:  Mobile No:  Email: |

### Exhibitor’s Responsibilities

An exhibition stand is a workplace covered by health and safety legislation. As the exhibitor it is your responsibility to ensure that a suitable and sufficient risk assessment is completed. Failure to do so could lead to delays or ultimately the closure of your stand.

This template is for a simple exhibition stand that does not require any structural approval from the organiser or the venue. More complex stands will require a more detailed risk assessment and if you are in any doubt you should contact the Trade Stand Manager - tradestands@ssgf.uk

Does your stand include any of the following? If so, you must complete the attached risk assessment for simple stands:

|  |  |
| --- | --- |
|  | Yes / No |
| Beauty procedures such as massage or ear piercing |  |
| Display of anything containing liquid fuel e.g. a motor vehicle |  |
| Display of sharp objects e.g. weapons (even replica weapons) |  |
| Demonstrations of any kind |  |
| Working electrical appliances other than simple display lighting |  |
| Food service of any kind other than sweets, snacks and soft drinks |  |
| Heat source of any kind including cookery demonstrations, naked flame or gel  burners |  |
| Live animals |  |
| Pressurised gases |  |
| Working machinery of any kind even if static |  |
| Any other hazard not identified above which could be a risk |  |

Note this is not an exhaustive list. You are responsible for identifying any aspect of your stand that could present a hazard

If you have answered NO to all of the above complete the sign box below.

I declare that to the best of my knowledge there are no significant risks relating to this stand.

|  |  |  |
| --- | --- | --- |
| Signed: | Name: | Date: |

If you have answered YES to any of the above complete the risk assessment overleaf for each risk identified above.

|  |  |
| --- | --- |
| Stand Name: | Stand Number: |

|  |
| --- |
| Risk: |
| Who could be harmed: |
| Control measures in place: |

To the best of my knowledge the information provided is correct. The control measures in place reduce the risk to an acceptable degree.

|  |  |  |
| --- | --- | --- |
| Signed: | Name: | Date: |

PLEASE NOTE:

This is a very basic risk assessment format for simple risks only. Multiple or complex risks will require a more detailed risk assessment