

Woodlands and You: undertaking Conservation, Heritage & Archaeological Surveys on the Welsh Government Woodland Estate



READ THE GUIDANCE NOTES TO HELP YOU COMPLETE THIS FORM

You can get this publication in large print and other forms (e.g. Braille, audio tape) or arrange for a member of FCW staff to contact you:

Tel: 0300 068 0300

Fax: 0300 068 0301

Email: fcwenquiries@forestry.gsi.gov.uk





Woodlands and you: undertaking Conservation, Heritage and Archaeological Surveys on the Welsh Government Woodland Estate

If you or your organisation are planning to **undertake a survey** in woodland managed on behalf of the Welsh Government by Forestry Commission Wales (FCW), we need details of the proposed work so that we can offer any help you may need and make sure that any survey work is safe and will not affect other activities in the woodlands. All FCW managed woodlands are working forests and are used by many different groups and individuals.

First of all, you need to check that the woodland you are interested in is one managed by FCW, you can check online at <http://www.forestry.gov.uk/forestry/INFD-8A9FPS>. Or ask us! To use map zoon into your area, select Forestry Commission folder in right hand menu and tick the FC legal boundary check box.

If you represent a commercial enterprise - or are planning a longer term project - you will need further guidance, please contact us.

Please give us as much information as you can so that we can come back to you with a decision as quickly as possible.

PLEASE ENSURE YOU HAVE SPOKEN TO A MEMBER OF FCW STAFF IN YOUR LOCAL DISTRICT ABOUT YOUR PROPOSED SURVEY *BEFORE* YOU FILL IN THIS FORM - Contact details are on the FCW website and at the back of this form.



You need to submit your proposal at least 12 weeks before your planned start date.

We need this timescale to avoid clashes with other events or forestry work which may be taking place in the same location.

1. Are you submitting this proposal as:	Yes	No
An individual - if yes, please answer questions 1 – 7. Make sure you also sign the form in the box provided.		
A representative of an organisation, business, community group or club - if yes, please answer ALL relevant questions. Make sure you also sign the form in the box provided.		

2. Main contact details for this application:			
Name	Mr/Mrs/Ms etc.	First Name	Surname
Organisation			Position
Address			Tel
			Mobile
			Fax
Postcode			Email
Website (if you have one)			Please include full details.

3. Tell us about your proposed survey:

3a. Where do you want to carry out your survey(s)?

(If your survey area includes land owned or managed by others, you should seek their consent too)



3b. What type of survey(s) are you carrying out?

Are you carrying out your survey(s) on behalf of a recognised organisation? If so please provide details:	Yes	No	
Is your survey(s) part of a National Survey? If yes, please state for whom:	Yes	No	
Is your survey being carried out for a commercial reason? If so please provide details of client:	Yes	No	
Who will have access to your survey findings? Please give full details.			

Birds: Species to survey:			
Are Schedule 1 birds included in the survey? If Yes, please list species - Schedule 1 Birds Certificate required.	Yes	No	
Does the work involve bird ringing? If Yes, Ringing Certificate required.	Yes	No	

Mammals: Species to survey:			
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Invertebrates: Species (or Group) to survey:			
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Botanical: Species (or Group) to survey:			
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European Protected Species:			
Does the survey include European Protected Species? (e.g. Otter, Dormouse, Bats (all species), Great Crested Newt) If Yes, please list species – appropriate Certificates required.	Yes	No	

Does the work involve climbing? If Yes, Climbing Certificate (NPTC CS38) required	Yes	No	



Archaeological: Please outline the type of activity to be carried out:															
Does this include activities on Scheduled or Unscheduled Ancient Monuments (SAMs/USAMs)	Yes	No													
Other: If the activity that you wish to undertake is not listed above, please provide details of the activity.															
3c. Will volunteers be helping with your activity, if so how many? If you know specific numbers, please let us know, if not please make an estimate										Yes	No				
3d. When will the activity take place?															
Start dd/mm/yyyy				Finish dd/mm/yyyy											
3e. How long will each visit last? (e.g. 4 hours)				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
3f. Please indicate in table, number of visits each month.															

4. Do you need vehicle access to carryout your activity? <i>(other than in public car parks) Normally maximum of two vehicles are allowed.</i>													
Yes		No		Please provide details of why it's required:									
Please provide vehicle details (only these vehicles will be allowed in forest)													
Make				Model				Registration					
1													
2													

5. If you have carried out survey work before, please tell us where and who you dealt with:	
Location	
Contact Name	
Address	
Postcode	
Contact number	
Please tick here if you are happy for us to contact this person	
	<input type="checkbox"/>



6. If you have worked with the Forestry Commission before, or in FC managed woodland, please tell us where and who you dealt with:	
Location	
Contact Name	
Address	
Postcode	
Contact number	
Please tick here if you are happy for us to contact this person	

7. Activity safety – please provide the following with your application and tick the relevant box. See Guidance Note for details			
Map 1:25000 Explorer series with location marked		Climbing Certificate (NPTC CS38) (if applicable)	
Certificate of Public Liability Insurance (if applicable)		Ringling Certificate (CCW Licence) (if applicable)	
Activity Risk Assessment (if applicable)		Schedule 1 Birds Certificate (CCW Licence) (if applicable)	
Cheque for access key deposit (if applicable)		European Protected Species Certificates (if applicable)	

If you represent an organisation, group or enterprise please COMPLETE the following questions.

8. What sort of organisation, business or enterprise is it? (Please include any registration numbers.)			
	Registration Number	Y	N
Sole Trader			
Private Company Limited by Shares			
Public Limited Company			
Registered Charity			
Company Limited by Guarantee			
Industrial and Provident Society			
Community Interest Company			
Publically funded body (e.g. school, community or town council, Local Authority, University)			
Club, Institute or Association			
Other – please give details			



9. If your organisation, business or enterprise is part of a larger organisation, please tell us which one.

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10. What is the main activity of your organisation, business or enterprise?

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ALL APPLICANTS TO SIGN AND DATE HERE

Name (please print)	
Date	
Signature	



Equality and Diversity – we would appreciate your answering these questions about yourself - they are, however, voluntary.

Gender: Are You

Male Female Transgender Prefer not to say

Disability: *Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long term adverse effect on his/her ability to carry out normal day to day activities.*

Do you consider yourself to be a disabled person?

Yes No Prefer not to say

Age:

16-24 25-44 45-64 65-75 75+ Prefer not to say

Ethnic Group White:

Welsh British Irish Other

Ethnic Group Mixed:

White & Black Caribbean White & Black African

White & Asian Any other mixed background

Please specify

Ethnic Group Asian or Asian British:

Indian Pakistani

Bangladeshi Any other Asian background

Please specify

Ethnic Group Black or British Black:

Caribbean Any other Black background

African Please specify

Prefer not to give my ethnic group



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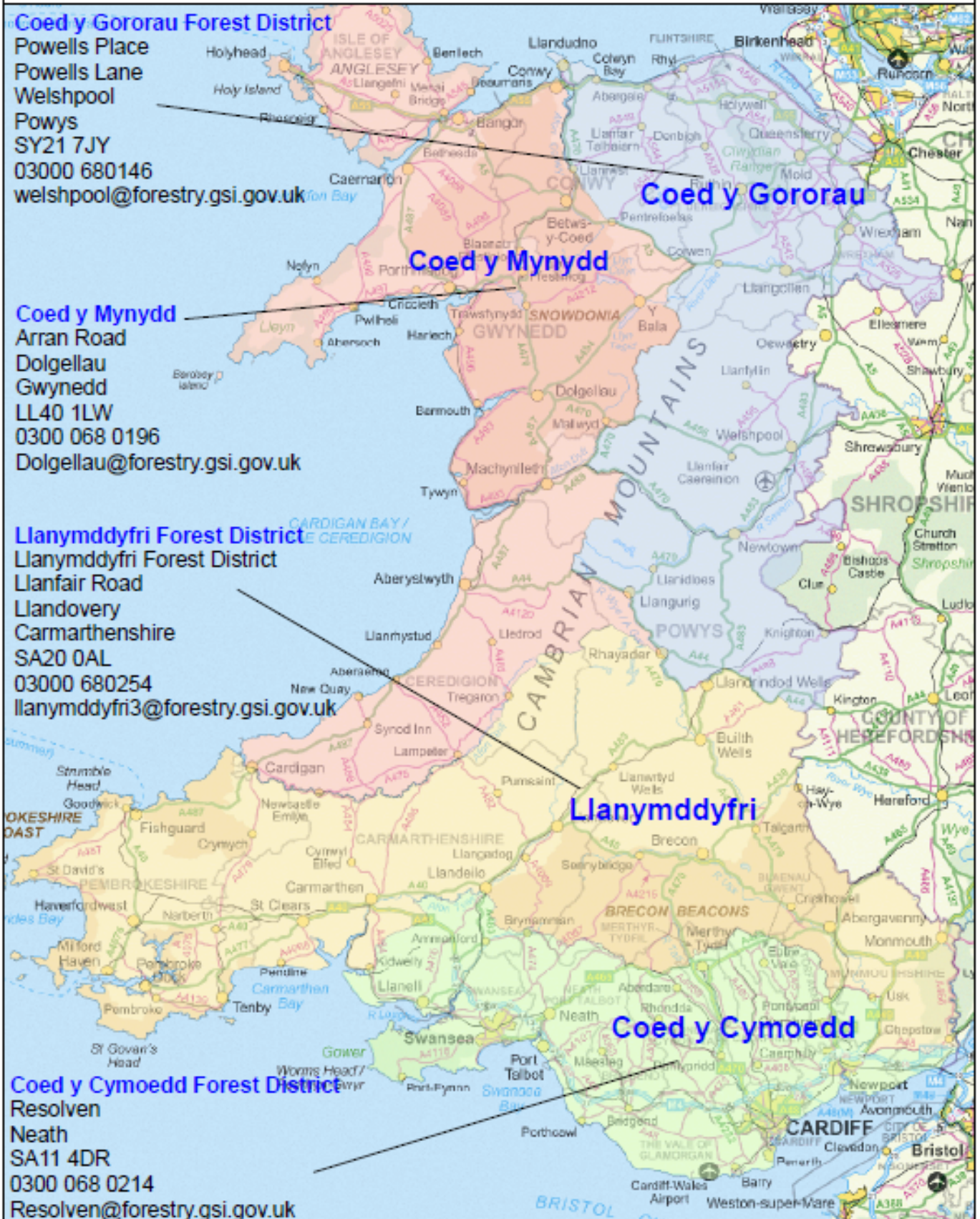
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