



THE DEPARTMENT OF  
**AGRICULTURE, FISHERIES & FOOD**  
AN ROINN TALMHAÍOCHTA, IASCAIGH AGUS BIA



## **APPLICATION FORM**

### **SOW HOUSING (ANIMAL WELFARE) SCHEME**

**Introduced by the Minister for Agriculture, Fisheries and Food**

**In implementation of Council Regulation (EC) No. 1698/2005**

This Scheme is provided for in the 2007-2013 Rural Development Programme of Ireland

The European Agricultural Fund for Rural Development: Europe investing in rural areas

PWS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Form PWS 1**

**APPLICATION FORM**

<b>DATE STAMP</b> (For Official Use Only)
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**ALL INFORMATION MUST BE SUPPLIED AND ALL SECTIONS COMPLETED.**  
[WHERE ANY QUESTION/SECTION IS NOT RELEVANT WRITE "NOT RELEVANT" OR "N/A"]

**1. NAME OF APPLICANT(S)**

(BLOCK CAPITALS)

.....

.....

**ADDRESS:** .....

.....

.....

**COUNTY** .....

Date of Birth:
Date of Birth:

PPS NUMBER:
_____
_____

TELEPHONE/MOBILE NO:
_____
_____

**PIG HERD NO(S):**

\_\_\_\_\_

**2. ARE YOU A PARTICIPANT IN :**

	<b>Yes</b>	<b>No</b>
<b>-Rural Environment Protection Scheme</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>-Farm Waste Management Scheme</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>-Farm Improvement Scheme</b>	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer is *yes* to any of the above please insert reference numbers.**

\_\_\_\_\_

**3. ANIMAL HEALTH STATUS**

	<b>High</b>	<b>Normal</b>
<b>Health Risk</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please tick**

**4. SITE OF PROPOSED DEVELOPMENT**

(i) Townland(s) where site(s) is/are located: \_\_\_\_\_

\_\_\_\_\_

Folio Numbers: \_\_\_\_\_

(ii) Details of any site(s) held on lease (Townland(s) area, folio(s)):

\_\_\_\_\_

\_\_\_\_\_

**5. PROPOSED INVESTMENT**

My proposals are as follows:

A. Farm Buildings (Please provide details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Has EIA/EIS been prepared for the investments concerned?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the proposed investment be carried out on leased land? Yes  No

**6. TOTAL NO. OF PIGS IN YOUR HERD**

Please enter data in respect of full herd on all sites.

**(a) Number of:**

- (i) Sows/Served gilts \_\_\_\_\_
- (ii) Gilts for Breeding \_\_\_\_\_
- (iii) Boars \_\_\_\_\_
- (iv) Piglets to weaning \_\_\_\_\_
- (v) Weaners \_\_\_\_\_
- (vi) Fattening Pigs \_\_\_\_\_

**(b) Calculation of Production Units**

<u>Pig Production</u>	<u>Production Units</u>	<u>Calculation</u>
Sow Breeding only	0.8	_____
Sow Breeding and Finishing	1.1	_____
	<b>Total:</b>	_____

**(c) Please indicate below whether you operate from:**

- (i) Single Site
- (ii) Multi Site

**7. GENERAL**

(a) Is Local Authority Planning Permission required for the proposed investment?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

(b) Does the proposed development comply with the Pig Welfare Standards as set out in European Communities (Welfare of Calves and Pigs) Regulations 2003 (S.I. No. 48 of 2003)?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

(c) Is the proposed slurry storage capacity in accordance with Paragraph 7 (iii) of the Scheme?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

(d) Have the provisions of the Safety, Health and Welfare at Work Act 2005 been complied with?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**8. DECLARATIONS:-**

**Declaration to be completed by applicant(s); I/We declare that –**

- (a) I/We have read and understand the conditions of the Scheme and, to the best of my/our knowledge, all particulars given on this form are correct;
- (b) In respect of any payment made to me/us under the Scheme on or after 1 January 2009, relevant bank/building society account details will be provided to the Department to enable such payment to be made by electric fund transfer.

**NOTE: A false or misleading statement may lead to disqualification, liability to refund any aid already paid, and prosecution.**

SIGNED \_\_\_\_\_ Date / /

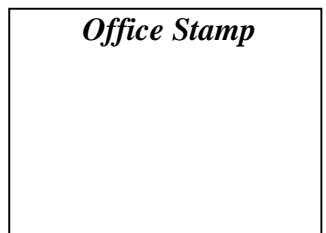
SIGNED \_\_\_\_\_ Date / /

**Declaration to be completed by Agricultural Advisor/Agricultural Consultant/Agricultural Engineer and, where appropriate, by supervisory officer**

- (a) I/We certify that:
  - (i) the details on this application form are correct and that, in my/our opinion, the applicant is eligible for the Sow Housing (Animal Welfare) Scheme; and
  - (ii) the documentation accompanying the application form, and indicated on the checklist, is attached and in order;
- (b) Having regard to the income and farming enterprises of the applicant(s), the proposed investments are considered to be economically viable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Supervisory Officer)



AGRICULTURAL ADVISOR/ AGRICULTURAL CONSULTANT/AGRICULTURAL ENGINEER

**THIS FORM, FULLY COMPLETED, TOGETHER WITH SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED TO THE LOCAL AGRICULTURAL ENVIRONMENT AND STRUCTURES (AES) OFFICE OF THE DEPARTMENT**

*(Please retain copies of all documentation submitted for your own records)*

**DEPARTMENT OF AGRICULTURE, FISHERIES AND FOOD**

**(TO BE COMPLETED WHERE PROPOSED DEVELOPMENT IS ON LEASED LANDS)**

Lease commencement date: \_\_\_\_\_

Lease expiry date: \_\_\_\_\_

Duration of lease: \_\_\_\_\_

**Section A**

I/We hereby agree to the proposed developments under the Sow Housing (Animal Welfare) Scheme being carried out by

\_\_\_\_\_

on my/our lands at

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Owner(s)**      **Date:** \_\_\_\_\_

**Section B**

I/We hereby agree to refund to the Minister for Agriculture, Fisheries and Food any grant aid paid in respect of investment under the Sow Housing (Animal Welfare) Scheme or such portion of the grants as the Minister for Agriculture, Fisheries and Food in his/her absolute discretion may determine should the lease be surrendered within the lifetime of the Lease.

**Signed:** \_\_\_\_\_ **Lessee(s)**      **Date:** \_\_\_\_\_

## CHECK-LIST

### Documents to be furnished with Application under the Sow Housing (Animal Welfare) Scheme

**Please complete and enclose this check- list with your application form PWS 1**

- |   | <b>Please tick</b>       |
|---|--------------------------|
| (a) Where Local Authority Planning Permission has been obtained:                  |                          |
| (i) Grant of full and final Permission including conditions                       | <input type="checkbox"/> |
| (ii) Location Map (6" scale) discovery series                                     | <input type="checkbox"/> |
| (iii) Farm Building Layout Plan (1:500 scale)                                     | <input type="checkbox"/> |
| (iv) Copies of full set of drawings on which the Planning Permission was obtained | <input type="checkbox"/> |
| (b) Where Local Authority Planning Permission is not required:                    |                          |
| (i) Location Map (6" scale) discovery series                                      | <input type="checkbox"/> |
| (ii) Farm Building Layout Plan (1:500 scale)                                      | <input type="checkbox"/> |
| (iii) Detailed and accurate drawing of proposed developments                      | <input type="checkbox"/> |
| (c) Where development is taking place on leased land, Form PWS 2                  | <input type="checkbox"/> |