Licence Return Form - WML-CL21

Bat Mitigation Class Licence Return

Please note - Applications need to be submitted electronically by email to the BatLowImpactCL@naturalengland.org.uk mailbox.

Please ensure you provide all the information requested. The red boxes indicate mandatory fields and the form cannot be submitted until all required fields are completed. Look for notes which pop up to provide advice in some sections of the form.

1. Name of Registered Ecological Consultant: Jenny Sutch

2a. Registered Consultant number: RC072 b. Site Registration form reference: 10833A

3a. Registered site name: Sussexdown House

3b. Registered site address: Washington Road, Storrington, Pulborough, Sussex

3c. Post Code: RH20 4DA

4. OS grid reference of registered site (6 figure minimum) *eg. SP123456*: TQ 096139

5a. Period covered by this report (in line with details supplied with site registration form WML-CL21-SiteReg)

From: 1 Apr 2025 To: 30 Sep 2025

5b. Numbers and species of bat and roost types covered by the site registration form

If lesser horseshoe selected, choose either day or transitional roost only

Species	Maximum Number	Roost type	
Common pipistrelle	2	Day roost	+ -
Soprano pipistrelle	2	Day roost	+ -

CUSTOMER SITE AND DETAILS

6. Has action been taken under this licence? ☐ Yes ☐ No

If `No' and you are submitting a Nil Return, complete part h. below

If `Yes' move to parts 6a. to g. below

Please provide details as follows:-

a. Were all works conducted under this licence during the period specified above in line with the site registration form WML-CL21-SiteReg?

☐ Yes ☐ No

b. Did you personally undertake the licensed works?

☐ Yes ☐ No

c. Did you use another Registered Consultant to undertake the licensed works?

☐ Yes ☐ No

d. Were Accredited Agents (maximum 2) used to undertake licensed works?

☐ Yes ☐ No

e. Did you or another Registered Consultant check the work undertaken by the Accredited Agent(s)?

☐ By Me ☐ By other Registered Consultant ☐ No

f. Was the work undertaken by the Accredited Agents undertaken to a good standard and in line with the requirements and conditions of the licence?

☐ Yes ☐ No

g. Were Assistants (maximum 6) used, working under direct supervision of the Registered Consultant?

☐ Yes ☐ No

h. Provide an explanation as to why you are submitting a Nil Return:

LICENSED ACTIONS

7a. Date licensed actions undertaken Start date End date

b. Licensed methods used (tick all that you used to complete the licensed works)

☐ Capture by hand ☐ Artificial light (eg torches) ☐ Hand-held static nets ☐ Endoscopes

☐ Temporary exclusion by one-way doors or valves (bat excluders) ☐ access ☐ Destructive search by

☐ Permanent exclusion soft demolition

☐ Temporary obstruction of roost ☐ Mechanical demolition

- [ ] Disturbance by illumination or noise

8. Confirmation of roost structure affected

Structure	
	+ -

9a. Confirmation of species impacted during licensed works

Species	Roost type(s) affected	No. of bats observed in roost but not physically taken	Number of bats captured/ taken	Date(s) (month and year)	
					+ -

b. Confirmation that only species and roost types covered by your Site Registration form were affected

☐ Yes ☐ No

v. Was the `unexpected finds guidance' followed? ☐ Yes ☐ No

10. Were bats seen flying away during works? ☐ Yes ☐ No

11. Confirm below any mitigation or compensation provided

☐ None ☐ Bat box/es ☐ Bat tile/bat brick/bat tube ☐ Creation of new crevices/access points

☐ Retention of roost(s) and/or access points ☐ Other

ADDITIONAL INFORMATION

12. Were there any accidental injuries or deaths? ☐ Yes ☐ No

13. Other evidence of bats found whilst works were taking place

☐ No other evidence ☐ Droppings ☐ Mummified bats or skeletons ☐ Remains of prey items

☐ Staining ☐ Other

14. Any other relevant information or comments

DECLARATIONS - To be completed by the Registered Ecological Consultant

15. I confirm that:
    a. The details given in this report are correct to the best of my knowledge and belief;
    b. The conditions specific to this licence and site registration details have been complied with;
    c. I or any Authorised Person, acting on my behalf (specified in Q6) directly supervised any assistants (as appropriate).

Signature | Name | Date

Please insert an electronic signature or tick here to confirm acceptance of the declaration ☐ Yes

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