**LISKEARD UNLOCKED ARTISTS’ WORKSHOPS APPLICATION**

|  |  |
| --- | --- |
| Name |  |
| Organisation (if applicable) |  |
| Address |  |
| Tel number |  | Email |  |
|  |
| Title of proposed workshop |  |
| Brief description *(including how it fits with the ‘Liskeard Unlocked’ theme and what techniques will be involved)* |
|  |
| Duration of workshop |  |
| When could you do it? |  |
| Who will it be suitable for? |  |
| Maximum number of participants |  |
| Facilities needed in venue |  |
| If you need to charge for materials, please specify what these will be and what is the proposed charge per participant |
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| Please give some brief information on similar workshops you have run *(including one or more pictures if possible)* |
|  |
| Name and contact details for a reference *(preferably someone who has previously commissioned you to run a workshop)* |
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| Do you have a Safeguarding Policy *(if so please give details)* |
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