**LISKEARD UNLOCKED ARTISTS’ WORKSHOPS APPLICATION**

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| --- | --- | --- | --- | --- | --- |
| 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)* | | | | | |
|  | | | | | |
| Do you have a Safeguarding Policy *(if so please give details)* | | | | | |
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