

**Expression of Interest Activities /Workshop/ Event Booking Form**

Please complete all the following sections not greyed out and return this form to the Charity Administrator by the deadline specified

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| Artist / Organiser Name  *(Your name to be used for publicity i.e. how would you like to be known)* |  | |
| Contact Details  *(Your contact details. For artist-led events this may be used for publicity, please state if any of these should not be used for publicity purposes)* | Actual Name (if different from above):  Phone/mobile:  Email Address:  Website / social media links: | |
| Short Bio  *(Tell us about yourself including credentials, experience or major achievements. This information may be used on our website/socials to promote you and your activity)* |  | |
| Event / Workshop Title  *(What is the title for the activity/ event?)* |  | |
| Select Type of Event  *(Which type of activities/events are you interested in delivering?)* | [ ] Artist-led [ x ] Centre-led [ ] Both  ***Note:*** *If you plan to run further workshops in addition to the Creative Taster Sessions, please also select one of the two other options* | |
| Topic/Media  *(What is the main topic or media used in this event?)* |  | |
| Activity/Event Description  *(Provide a full description/short paragraph about the activity/event and state how you envisage it will meet with our criteria. Some of this info may be used for the website and other promotional material)* |  | |
| Days/Dates & Times  *(State all desired/preferred dates/times for your activity/ events, including year – see guideline time slots)* | Days/Date(s):  Time(s):  Year: 202\_  ***Please note:*** *all activities must complete by 28th February 2025* | |
| Participants  *(state how many people can participate in your activity per session)* |  | |
| Duration  *(How long is the event in hours and/or how many sessions)* | Length: \_\_ hours  Number of sessions: | |
| Target Audience  *(What kind of audience are you hoping to attend the event? Tick all that apply)* | [ ] All ages  [ ] Under 18’s  [ ] Students/Teens | [ ] Adults Only (Over 18’s)  [ ] Vulnerable/Disabled/Special Needs  [ ] Retired/Elderly  Specific Demographic or Other  Please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DBS & PLI  *(Delete options as applicable and indicate if you will send with these with this form or provide them later)* | Are you DBS checked?  Yes/No/Don’t know  Attached/Will provide later | Do you have PLI?  Yes/No  Attached/Will provide later |
| Type of Event  *(Select/state type of event. Tick all that apply)* | [ ] Traditional Skills  [ ] Hobbyist / Leisure  [ ] Educational  [ ] Environmental  [ ] Heritage  [ ] Social / Cultural  [ ] VIP / Special invite Only  Other – please state: | [ ] Arts & Crafts  [ ] Demonstration  [ ] Workshop  [ ] Talk/Presentation  [ ] Performance  (e.g. music, dance, theatre, film)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fees/Ticket Price  *(Please state your fees. Price is for each session delivered)* | Fix Rate fee to be paid is £135 per session | |
| Materials/additional costs | £\_\_\_\_60\_\_\_\_\_\_ per session (included in Fixed Rate fee above) | |
| Travel costs | £ \_\_\_0.00\_\_\_\_\_ per session (included in Fixed Rate fee above) | |
| Confirmation of T&C’s  *(Delete options as applicable)* | I have read and agree the terms and conditions for this Centre-led funded activity as set out in the guidelines provided **Yes/No** | |
| Special Requirements *(Please state if there are any special requirements e.g. access needs, use of equipment, room setup , health & safety, risk assessment etc for your event)* |  | |
| Equal Opportunities  *(This information is kept confidential)* | **Gender/Pronouns:**  Prefer not to say [ ] Female [ ] Male [ ]  Other please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Age:** \_\_\_\_ yrs  Do you consider yourself to have a disability? [ ] Yes [ ] No  If yes, please give details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Ethnic Origin:**  Prefer not to say [ ]  Asian British + [ ] Bangladeshi [ ] Indian [ ] Pakistan [ ] Other  Black British + [ ] African [ ] Caribbean [ ] Other  White + [ ] British [ ] Irish [ ] Other  Other – please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Please send your completed form with **2-3 images for advertising/promotion & copy of DBS Check & PLI** by email to **Emma at** [**arts@castleparkarts.co.uk**](mailto:arts@castleparkarts.co.uk). For further information or enquiries please contact **Emma (Charity Administrator)** on **01928 735832** during opening times or email [arts@castleparkarts.co.uk](mailto:arts@castleparkarts.co.uk).

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