**Kickstart: Registration Form**

All information will be kept strictly confidential.

Please complete and submit the below form to kickstart@curiousminds.org.uk

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|  Name of applicant: |  |
| Age: |  |
|  Email address: |  |
| Phone number: |  |
| Please tell us a bit more about you and any previous experience you have of arts and culture. This could be as a participant, an audience member or experiencing of working in a creative and cultural organisation. |  |
| What would you like to get out of your time on the Kickstart course? |  |
| We want to make this is a positive experience for all learners.  If you have particular access needs (for example visual impairment, dyslexia, deafness, etc), please let you know so we can work together to get you as good an experience as we can. |  |
|  |
| Employer Name: |  |
| Employer address: |  |
| Line manager contact details: Name, email address, phone number | Name: |  |
| Email address: |  |
| Phone number: |  |
| Finance contact details (if different from line manager): Name, email address, phone number | Name: |  |
| Email address: |  |
| Phone number: |  |

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| Applicant signed: |
| Signed |  |
| Date |  |

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| Employer signed:  |
| Signed |  |
| Date |  |