



Please return by post to:
 Arts and Community Development Officer
 Leisure and Community Services, Babergh District Council, Corks Lane
 Hadleigh, Ipswich, IP7 6SJ

Performing arts information form

Musician, Vocalist, Dance/Movement practitioner, Drama practitioners (circle where appropriate)

Name:		
Address:		
Telephone number:		
Mobile number:		
E-mail address:		
Website address:		
What is your vocation/practice?		
Do you teach?		
What age groups do you teach?		
Performance style:		
Do you deliver courses/residencies/Workshops?	Yes/No (please circle where appropriate)	
If yes, where have you undertaken residencies/workshops? (Please tick as many boxes as appropriate)	Pre school	<input type="checkbox"/>
	Primary school	<input type="checkbox"/>
	Secondary school	<input type="checkbox"/>
	Libraries	<input type="checkbox"/>
	Hospitals	<input type="checkbox"/>
	Youth organisations	<input type="checkbox"/>
	Galleries/museums	<input type="checkbox"/>
	Theatre	<input type="checkbox"/>
	Special education	<input type="checkbox"/>
	Sports centres	<input type="checkbox"/>
	Community groups	<input type="checkbox"/>
	Other, please state	

Continues over...

Performing arts information form continued

Location of work: (Please give details of the areas you largely practice work, tick as many boxes as appropriate)	Babergh District (south Suffolk)	<input type="checkbox"/>
	Other areas in Suffolk (Please list)	
	Essex	<input type="checkbox"/>
	Norfolk	<input type="checkbox"/>
	Eastern region	<input type="checkbox"/>
	Nationally	<input type="checkbox"/>
	Internationally	<input type="checkbox"/>
Description of work: (Please continue on a separate sheet if necessary)		
Curriculum Vitae attached	Yes/No (please circle where appropriate)	

<p>Data protection: Please read the following and circle as appropriate</p> <p>I do / do not consent to Babergh District Council using the details outlined above to signpost members of the public to my services</p> <p>I do / do not consent to Babergh District Council holding my details on a database</p> <p>I do / do not consent to Babergh District Council sending me information on art practitioner opportunities in the future</p> <p>Signature:</p> <p>Date:</p>

Thank you for taking the time to complete this form.

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