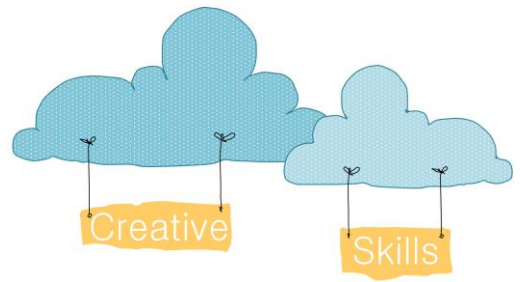


STARCATCHERS



Creative Skills Training Application Form

Applicant Information

Full Name: _____ Date: _____

Position _____ Tel: _____

Setting: _____

City

Post Code

Line Manager: _____
(if applicable)

Please note that email will be our primary method of contact with participants during the programme. Please ensure you give us the most convenient and up to date email address.

Participant email: _____

Line Manager email: _____

Local Authority Area: _____

I can confirm I can attend **all** of the Creative Skills sessions

YES

NO

Creativity and You

Starcatchers is keen to recruit participants with varying degrees of experience to reflect the Early Years sector as a whole.

What are you hoping to gain from this training?

Please give examples of any ways you use Arts & Creativity in your current Early Years practice:

Signature: _____ Date: _____
(Or typed name)

If you do not wish to be added to Starcatchers' mailing list, please tick here

Monitoring Information

The following information is gathered for monitoring purposes only:

Gender: _____

Highest relevant qualification held: _____

Age of participant	tick	Age of children in setting	Tick as many as applicable
16 to 25		0 to 2	
26 to 35		2 to 3	
36 to 50		3 to 5	
50+		5+	

Please return all completed forms to **Arran** at info@starcatchers.org.uk. Please call the office if you have any additional questions: (0131) 290 2560

