

Thank you for your interest in conducting an activity in Preston Community Library. Please complete the following **IN BLOCK CAPITALS**

NAME:

ADDRESS:

POSTCODE:

EMAIL:

TELEPHONE:

MOBILE:

PROPOSED ACTIVITY:

DAY OF THE WEEK:

TIME FROM:

TO:

AGE GROUP:

EXPECTED NUMBER OF ATTENDEES:

WHAT ARE YOUR QUALIFICATIONS FOR RUNNING THIS ACTIVITY:

**DO YOU HAVE
DBS CLEARANCE?**

**DO YOU HAVE PROFESSIONAL
INDEMNITY INSURANCE?**

I confirm:

Any proceeds from this activity will go to Preston Community Library;

No equipment or materials will be used that could cause harm to participants or other building users;

I will be responsible for setting up and clearing away the activity as required;

I will keep a register of participants.

SIGNATURE:

DATE:

Your proposal will be discussed by the organising committee and we will advise you of the outcome in due course.

Thank you for your support

OFFICE USE ONLY

ID/PROOF OF ADDRESS SEEN:

Personal data collected on this form will be held securely; and will only be used for maintaining our membership database, and will not be disclosed to any other organisation.