

NAME (please print)	Ms/Miss/Mrs/Mr/Dr First _____ Family _____
ADDRESS (please print)	
PHONE	
EMAIL (please print)	
YOUR AGE	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25-40 <input type="checkbox"/> 40+
BLUE CARD (suitability to work with children)	YES/NO if yes: Card Number Expiry Date
TEACHING QUALIFICATIONS (please attach separate sheet if necessary)	
TEACHING EXPERIENCE (please attach separate sheet if necessary)	
ART QUALIFICATIONS (please attach separate sheet if necessary)	
SUBJECTS ABLE TO BE TAUGHT	Drawing <input type="checkbox"/> Basic <input type="checkbox"/> Advanced Painting <input type="checkbox"/> Basic <input type="checkbox"/> Advanced Sculpture/3D <input type="checkbox"/> Basic <input type="checkbox"/> Advanced Other (please specify):
ART EXPERIENCE	
AVAILABILITY	Please indicate days or times that you are NOT available
PREFERRED AGE OF STUDENTS (You may tick more than one age group)	<input type="checkbox"/> Grades 1-3 <input type="checkbox"/> Grades 4-7 <input type="checkbox"/> Adult
SIGNATURE	DATE

Please attach a current CV/ Resume if you have one and images of your recent artwork if available.