

| | |
|---|---|
| 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.