



Office Use Only Mem No: Date Received:

Creative Paths Application Form

Please complete in block letters

Group Name:	Contact Tel no:
Address:	Contact Name:
	Email:
Postcode:	Fax no:

Please provide details of the project you are applying for. Please include what you hope to achieve through this project (outcomes) Minimum 100 words.

Please provide preferred times/dates for the above project(s).

Project title:	Length of Project (hours):
Time (s):	Day(s):
Start Date:	End Date:
No of Children:	Age range:

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Please provide contact details for the above project(s):

Supervisory Adult:	Contact Tel:
Address of project (if different from above) :	Manager Name (Please Print):

What area of work does your organisation fall under (you may tick more than one)?

Play ? Youth ? Arts ? Education ? Health ? Early Years ?

To complete the application form please print and sign your name below:

Manager Name (print) _____ Signature _____

Return to: Nicola Hobson, Play Resource Centre, North City Business Centre, Duncairn Gardens, Belfast BT15 2GG Telephone: 02890 357540 Fax: 02890 755596

How did you hear about the Creative Paths Programme? Website ? E-bulletin ? Word of Mouth ? Creative Path Leaflet ? Visiting Play Resource ? Other _____

Bursary Application:

Please complete this form if you wish to apply for a 60% bursary towards artist fees. Artist fees are based on a rate of £30 per hour. Play Resource only gives bursaries to groups working with disadvantaged children and young people (up to the age of 25 years). Please do not apply for a grant to benefit children who do not fall within the categories listed below

Is the group based in an area of high social need based on the **Noble Index**? Y/N
Which of the following disadvantages apply to your group? *Please tick more than one if applicable.*

Socially/economically deprived	?	Rural	?
Ethnic minorities	?	Young offenders	?
Children/young people with disabilities	?	Behavioural or psychological problem	?
Living in poverty or situations of deprivation	?	Illness, distress, abuse or neglect	?
Other, please specify:			

Have you applied for a bursary before and if so when? **Y/N** Date: _____
Were you successful? **Y/N**

Please give more information on the children who will benefit from this project (Min 50 words):

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Creative Path application successful ? Target Area: _____

Bursary approved Yes ? No ? Length of Project(HRS) : 12- ? 12+ ? 20+ ? 30 ?

Date: _____ Suitable for Monitoring: **Yes** ? **No** ?