



## Arts Partner Form

Please provide details below to enable us to add you to our workshop and activity database.

Name of Company	
Name of contact	
Position of Contact	
Contact Number	
Email	
Company Address	

### Service Provision

Whilst all sessions will have a bespoke element, please identify all types of participatory activities you can provide for participants with Special Educational, Additional, and Access Needs

### Music

Percussion		Singing		Sensory Music activities	
Hand drumming		Song Writing		Music Production	
Junk drumming		Sound worlds		Instrument tuition	
Recording Studio		Composition		Early Years	

### Art

Painting		Sculpture		Textile	
Drawing		Design		Pottery	
Graffiti		Printing		Mosaic	





Performing Arts

Drama Therapy		Movement		Puppets	
Script writing		Dance		Prop –making	
Improvisation		Mime		Play in a day	
Special Effects		Story Telling		Costume	

Other – If you offer genres not listed or would like to expand upon the options you have checked - please provide details below.

Do you or your facilitators have your own equipment and resources? Y  N

Do you have an accessible venue that if arranged could be utilized for sessions? Y  N

How many participants can your facilitator work with at any one time?

One to One		One to Five		Five to Eight	
Up to Twenty		Large groups			

Other (please specify)

Costing

Do you provide bespoke quotes? Y  N

If yes, which person within your company handles this?

Do you have an hourly tariff for sessions?





One hour	£	Two Hour	£	Three Hour	£
Half Day	£	Full Day	£		

If more than one facilitator is needed (for large groups) what is the price increase?

Does the above tariff cover your travel costs to and from the session? Y  N

If no, Please explain your cost expectations

**Compliance**

Please confirm the following;

All Facilitators / workshop leaders have a current DBS for working with children and vulnerable adults? Y  N

All facilitators / workshop leaders have regular ongoing safeguarding training? Y  N

The company has Public liability cover for

£

The facilitators have their own Public Liability cover

Please include here any other information that you think will help us to work together

Please confirm that the above information is true to the best of your knowledge

Signature

Print

Date

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Please return form electronically to [nstanton@sensorytraveller.co.uk](mailto:nstanton@sensorytraveller.co.uk)

