

**Art Breaks February 2017**

Please **complete all three pages of the form below, ticking the dates** you are interested in and return to [artbreaks@projectartworks.org](mailto:artbreaks@projectartworks.org) or **Project Art Works, Arch 3 Braybrooke Terrace, Hastings, TN34 1TD**. If you have any questions, please contact 01424 423555.

Please return your booking form by Monday 30<sup>th</sup> January 2017  
 Workshop places will be confirmed by Friday 3<sup>rd</sup> February 2017

Participant's Name					
Male / Female		Age		Date of Birth	
School attended					
Parent/carer name					
Siblings attending	Name	Age	Date of Birth		
Contact No.					
Mobile No.					
Address					
Email					

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<b>WORKSHOP DATES 2017</b> <b>Project Art Works Studio</b> <b>Hastings</b>	<b>Morning Session</b> <b>10.30am – 12.30pm</b>	<b>Afternoon Session</b> <b>1.30pm – 3.30pm</b>	<b>Group size</b> eg. Participant + brother + mum =3
Tuesday 14 <sup>th</sup> February 2017			
Wednesday 15 <sup>th</sup> February 2017			

Please tick to indicate workshop preference.

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At Project Art Works we aim to provide the best possible environment for engagement. We use the information supplied to support each individual's creative journey. Please complete each question as fully as possible.

Young Person's Name -----

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Your relationship to the young person

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Briefly describe the nature of your young person's impairment or disability (include Diagnosis if there is one)

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What other information would help us support the young person? -----

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If a sibling is attending, please can you provide a brief outline of their interests, i.e. enjoys painting/making/photography etc

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