

SURNAME	FORENAME							
ESTABLISHMENT	PRISON NUMBER							
DATE OF BIRTH . . / . . /	AGE							

ARTS INTEREST

1. Please state your main area of arts interest - this is the art form(s) which you would like to be mentored in e.g. fine arts, drawing, sculpture, poetry etc.

2. Please indicate, by ticking the appropriate box, which other art form(s) you work in or wish to develop:

- | | | |
|--|---|--|
| <input type="checkbox"/> Craft | <input type="checkbox"/> Needlecraft/Textiles | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Painting | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Pastels | <input type="checkbox"/> Prose - Fiction & Non-Fiction |
| <input type="checkbox"/> Magazine Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Music & Performance | <input type="checkbox"/> Playwriting for radio/stage/TV | <input type="checkbox"/> Watercolour painting |

PREVIOUS CONTACT WITH KOESTLER

Have you ever entered the Koestler Awards? YES NO

If 'Yes' please give details e.g. year, art form, title of entry:

Have you ever won a Koestler Award? YES NO

Have you ever had work exhibited at a Koestler exhibition? YES NO

If 'Yes' please give details:

HELP REQUIRED

Please tell us what help you need by ranking the top 5 support requirements, where 1 is your top priority:

- | | |
|--|--|
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Finding out about exhibitions and events
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Accessing resources in your local community
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Building an arts related support network
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Applying to further education
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Finding out about training courses
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Building a Portfolio of work
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Funding opportunities | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Developing your Technique
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Exhibiting/Disseminating your work
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Building your self-esteem and confidence
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Promoting your work
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Developing wider hobbies and interests
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Making constructive use of leisure time
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Setting goals for yourself |
|--|--|

Anything else?

Please answer the following questions in as much detail as possible as it will help us determine whether we have a suitable mentor available to work with you.

What activities or training courses are you currently involved with?

Are there any courses or activities that you would like to take part in but are not able to do at the moment?

What are your interests outside of art (e.g. sport, film)?

What do you think you would like to do in the future?

Is there any other information you think we should know, or would like to tell us?

If you can, we strongly recommend you send examples of your work with this application, as it will be difficult for us to progress your application without this. We are happy to accept photocopies or photographs.

Have any additional documents been attached to this application? YES NO

If YES please give details

RESETTLEMENT CONTACT DETAILS	
ADDRESS (if known) or area for resettlement	CONTACT TELEPHONE NUMBER
POSTCODE	EMAIL ADDRESS

RELEASE DATE (or anticipated month of release)	DATE OF CONVICTION	LENGTH OF SENTENCE
CURRENT OFFENCE(S)	PREVIOUS CONVICTIONS	

KOESTLER WILL NEED TO GET A REFERENCE SUPPORTING YOUR APPLICATION BEFORE WE CAN TAKE YOUR APPLICATION TO THE NEXT STAGE.

IF YOU ARE CURRENTLY A SERVING PRISONER OR ON PROBATION, YOU WILL NEED TO PROVIDE CONTACT DETAILS FOR YOUR OFFENDER MANAGER, OR AN EXTERNAL PROBATION OFFICER.

In the instance that you are unable to provide contact details for either an offender manager or probation officer, we will accept a suitable relevant professional. By filling out this form you give consent for Koestler to speak with the person named below, and any other relevant professionals, about your involvement in the scheme. A copy of this form will also be sent to them for their records.

NAME	ADDRESS
RELATIONSHIP TO YOU	
TELEPHONE NUMBER	
EMAIL ADDRESS	
	POSTCODE

MONITORING FOR DIVERSITY

- | | | |
|---|---|--|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> White British | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other group |

I CONFIRM THAT THE INFORMATION ON THIS FORM MAY BE SHARED WITH MY MENTOR AND A COPY SENT TO MY REFEREE.

SIGNATURE

DATE

Please let us know if any of your details change after you have submitted this application

Please return to: Koestler Arts Centre, 170 Du Cane Road, London, W12 0TX