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| **REQUEST FOR SERVICE**  **Tuesday Art Play 2023** |

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| DATE | |  | | | | | | | | | |
| ARTIST AND ACTIVITY PROVIDER DETAILS | | | | | | | | | | | |
| TRADING NAME / COMPANY NAME | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  |  | | | | | | | | | |  |
| FIRST NAME/S | | | | | LAST NAME/S | | | | | | |
|  | | | | |  | | | | | | |
| STREET ADDRESS | | | | | CITY | | | STATE | | | POSTCODE |
|  | | | | |  | | |  | | |  |
|  |  | |  | |  | | |  |
| CONTACT NUMBER/S  *Daytime number required* | |  | | | | | | | | | |
| EMAIL ADDRESS | |  | | | | | | | | | |
| SOCIAL MEDIA HANDLES  WEBSITE | |  | | | | | | | | | |
| Description term of Activities  Proposed activities, materials used and how they align with the calendar of events.  Outline how you will be flexible if workshops must go virtual  Outline the tutor fee/ budget for the workshops  Outline how you will comply with COVID-19 Public Health Direction | |  | | | | | | | | | |
| ABN  \*This is not a necessary requirement\* | |  | | | | | | | | | |
| Registered for GST  \*This is not a necessary requirement\* | | Yes | |  | | No | | |  | | |
| Term Dates  Every Tuesday during the term  \*Circle / highlight which term you are interested in\* | | **Term 1 Dates:**Tuesdays, 31 January – March 21 (8 sessions)  **Term 2 Dates:**Tuesdays, 25 April – 13 June (8 sessions)  **Term 3 Dates**: Tuesdays, 18 July – 5 September (8 sessions)  **Term 4 Dates:** Tuesdays, 10 October – 28 November (8 sessions) | | | | | | | | | |
| PUBLIC LIABILITY  *You must have your own Public and Product Liability (min $20 Million)*  *Please attach a copy of current policy*  If not, are you willing to acquire Public Liability? | | | | | INSURANCE COMPANY & POLICY NUMBER | | | | | EXPIRY DATE | |
|  | | | | |  | |
| BLUE CARD  *Please attach a copy of current card* | | | | | CARD NUMBER | | | | | EXPIRY DATE | |
| If not, are you willing to acquire a Blue Card? | | | | |  | | | | |  | |
| First Aid Certificate  \*This is not a necessary requirement\* | | | | |  | | | | |  | |
| *Please complete this form and*  *return to the* | | | BY EMAIL | | | | IN PERSON | | | | |
| gragm@gladstonerc.qld.gov.au | | | | Cnr of Goondoon & Bramston Streets  Gladstone QLD 4680 | | | | |

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| **CHECKLIST** |  |
| ACTION | TICK ax |
| Copy of current First Aid certificate |  |
| Copy of your certificate of currency of Public Liability Insurance |  |
| Copy of current Blue Card |  |