

**REAL ARTS WORKSHOPS LTD**

**The Studio, 26 Romsey Road, Wolverhampton WV10 6EX**

Tel: **07882 685923**
Email: **realartsworkshops@gmail.com**Web: [**www.realartsworkshops.co.uk**](http://www.realartsworkshops.co.uk)

**FREELANCE ARTIST/SUPPLIER FORM**

**Please return completed form to** **realartsworkshops@gmail.com**

Use this form if you are private **limited company, a sole trader, a partnership, a self-employed individual, CIC or charity\*** providing services to **Real Arts Workshops Ltd**

This form will be used to determine how you will be paid for the work you are undertaking for RAW.

\*Subject to HMRC rules and regulations around Off Payroll Working

|  |  |
| --- | --- |
| Supplier Full Name (or Company Name/Sole Trader Name if applicable |  |
| Company registered address if applicable, or ‘N/A’ |  |
| Enter your CompanyRegistration number here, if applicable or ‘N/A’ |  |
| Email address (used for all correspondence) |  |
| Your **website** address (where can we see examples of your work?) |  |
| If you are sick or away, how practical is it for you to provide a replacement? |  |
| What is/are your main **Artform**(s) |  |
| Please describe why are you interested in joining our **Freelance Artists Pool?***(Continue on a separate sheet if needed)* |  |
| **Please provide the details of 1-2 references** who know your work: |  |
| **REFERENCE 1** Name |  |
| Phone Number |  |
| Email Address |  |
| Capacity known |   |
|  |  |
| **REFERENCE 2** Name |  |
| Phone Number |  |
| Email Address |  |
| Capacity known |  |
|  |  |
| **Your current fee** (please state rates for either /all of the below)* Day Rate
* Half Day
* Short session (up to 2 hours)
* Hourly rate
* Other
 |  |
| **Any other information you’d like to tell us** |  |

**GDPR**Information provided by you in this application or other relevant information supplied during the selection process (and any employment that may follow) may be held on computer and used for any lawful purpose relating to employee/personnel administration and management. **In the event that your application is successful, and it is found that any information submitted is not correct, RAW reserves the right to take appropriate action which might result in you being asked to NOT provide your services.**

**I declare that the information contained in this application is complete and correct.**

**I hereby give consent to RAW carrying out checks on my references and work.**

|  |
| --- |
| **Signed** (type name if completing in Word): |
| **Date:**  |

**Thank you for taking the time to complete this form. All information will be treated in the strictest confidence.**