**Good Innovation Workshops**

**Application Form**

Please complete the details below.

Contact [olivia.smith@potentialplusuk.org](mailto:olivia.smith@potentialplusuk.org) if anything is getting in the way of completing this form.

You can make the boxes as big or as small, as full or as empty as you like!

If you would prefer, feel free to submit a video or audio recording of your application.\*\*

|  |  |
| --- | --- |
| Name |  |
| Age |  |

Which workshops are you interested in participating in? *(please highlight your choice)*

|  |  |  |
| --- | --- | --- |
| Workshop 1 (Wed 21 Feb) | Workshop 2 (Tue 9 April) | Both Workshops 1 & 2 |

|  |
| --- |
| 1. Please share with us why you are interested in participating in this project: |
| 1. What do you personally hope to gain or achieve through participating? |
| 1. What do you feel is your biggest strength that you would bring into the workshop? |
| 1. Is there anything you would like us to know about how you work best? (Do you have any access needs that we can support you with?) |
| 1. Is there anything else you would like to tell us? |

\*\*please use MP3, MP4, WAV or AAC for audio files or MP4/WMV for video.

If you are under 18, we require parental permission in order to process your application. Please ask a parent to complete and sign below:

|  |  |
| --- | --- |
| Name |  |
| Relationship to the young person applying |  |
| Email address |  |
| Contact phone number |  |

I confirm that I have read the programme information leaflet and the application guidance and I agree to the young person taking part in the programme Yes No *(please delete one)*

Parent Signature:

Please return your application **by Monday 11th December 2023**  
Email your application to [olivia.smith@potentialplusuk.org](mailto:olivia.smith@potentialplusuk.org)