



Retail Application Form

Your application will go to Committee for approval. We aim to have Committee meetings each month. Subject to approval, shops are then offered in suitability order. All applications must be supported by a business plan and financial information. An outline plan is acceptable on application but it must be followed by a full business plan as your application progresses. Please support your application with pictures of what you plan to sell. All applicants must make an appointment to see the Creative Quarter Manager, Adrian Lockwood via Nikki Tompsett nikkitompsett@creativefoundation.org.uk.

Name		Date
Address		
Phone	Email	
Website		
<p>The Creative Foundation believes in the power of creativity to transform people, places and communities. We are passionate about this and believe it will inspire others to be curious and imagine a changed future. For this reason we want all of our tenants to bring something to the creative environment in one way or another.</p>		
<p>Please give a brief description of your business and your planned opening hours.</p>		

Please give us an indication of how you will fit into our creative community, in terms of input and output. What do you expect your output to be in terms of turnover, sales, salary, royalties, published, aired, exhibited, commissioned, web visits, footfall, column inches or other, 5 being prolific and international, 1 being local and occasional. In terms of input; Jobs created, attracting footfall, CF events, tenant support, community involvement, reputation, peer visits

Your Creative Output

5 4 3 2 1 0

Please provide some details:

Your Creative Community Input

5 4 3 2 1 0

Please provide some details:

We require 3 month's deposit and rent to be paid in advance by standing order. Please give us an indication of your budget and usage.

£300 £500 £1000+

A1 A3 A4 A5 D2

Would you like to join Creative Quarter mailing list?

Equal Opportunities Monitoring Form

This information is for internal monitoring only. We appreciate your cooperation

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Age <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 65 +
Nationality: Ethnic Origin White: <input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other (please state) _____ Mixed: <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Asia <input type="checkbox"/> White/Chinese <input type="checkbox"/> Other (please state) _____ Asian, Asian British, Asian English, Asian Scottish, Asian Welsh, Asian Irish <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Nepalese <input type="checkbox"/> Other (please state) _____ Black, Black British, Black English, Black Scottish, Black Welsh, Black Irish <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please state) _____ Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, Chinese Irish <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state) _____
Do you consider yourself to be disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a long term health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Creative Foundation? <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____