



15-16 OCTOBER 2022, BOWNESS-ON-WINDERMERE, CUMBRIA LICAF EXHIBITOR APPLICATION FORM

ABOUT YOU / YOUR BUSINESS / COLLECTIVE

Your name: _____

The Name would you like on your table signage: _____

Website: _____

Email: _____

Contact Tel. No: _____

Are you: An Independent Creator Publisher Retailer Artist Writer

Briefly describe what you will offer at your table
(e.g. comics, prints, zines, merchandise etc) _____

Is there anything new you'd like to launch at the festival this year? _____

SOCIAL MEDIA

Your Twitter: _____

Facebook: _____

Other: _____

ABOUT YOU AND YOUR WORK

Please forward a short bio, no more than 350 words. You can add it to the bottom of this form or attach separately, just let us know where to find it.

Please send no more than 5 images representing your work including one of yourself.

If you are chosen to exhibit this is the information we will use on our website, social media networks and in print to publicise your attendance where we can.

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PRACTICAL INFORMATION

The standard space allocated to each exhibitor is a 6 ft x 2 ft table.

For larger collectives, retailers or publishers etc, it will still be possible to request more than 1 table where necessary. Please indicate below the number of tables you require. If you wish to share a table please apply as a duo!

I/We would like to apply for full exhibitor table(s)

Do you have any special requirements? e.g. in terms of access, or power requirements (not all tables will be situated near to a plug socket).

BADGES/LANYARDS

You will be issued with 2 badges/lanyards.

FEES

The exhibitor fees for 2022 are as follows:

£60 per full table

If successful, your exhibitor fee will be due by Friday 27 May 2022.

Payments can be made by bank transfer or via PayPal. Please do not send payment with your application, we will only ask for payment once we have offered you a place. Once we have received your payment your place is confirmed. N.B. if we do not receive payment by this date, in the interests of fairness, we will offer your place to the next person on the list.

WHAT NEXT

Please make sure that you have read the LICAF Exhibitor terms and conditions 2022. Your completed and returned application represents your agreement to abide by these terms and conditions.

AND FINALLY, PLEASE KEEP IN TOUCH!

Attached below is our Equality & Diversity Questionnaire. Whilst it is not mandatory and does not form part of any decision-making process or profiling, we would be very grateful if you could complete the form. The purpose of it is to help us gain a better understanding of our audiences and exhibitors and to meet our objectives for promoting diversity.

We undertake to remove this form from your application prior to the selection process.

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EQUALITY & DIVERSITY QUESTIONNAIRE

Lakes Arts Festivals Ltd wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of our exhibitors to help us encourage equality and diversity.

We need your help and cooperation to enable it to do this but filling in this form is entirely voluntary. This form does not ask you to give your name and any information that you choose to provide will be strictly confidential. Please answer all questions as instructed. If you do not answer a question, your response will be recorded as 'prefer not to say'. Information provided on this form does not in any way form part of our decision-making process.

The information you provide will stay confidential, and be stored securely and stay confidential to Lakes Arts Festivals Ltd.

WHAT IS YOUR SEX? (tick one only)

- Male
 Female
 Prefer not to say

WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOUR GENDER IDENTITY? (tick one only)

- Male
 Female
 In another way*
 Prefer not to say

*How would you describe your gender identity?

WHICH OF THE FOLLOWING AGE GROUPS DO YOU BELONG TO? (tick one only)

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85-89 |
| <input type="checkbox"/> 16-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 | |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 | |

EQUALITY & DIVERSITY QUESTIONNAIRE

WHAT IS YOUR ETHNIC GROUP? (tick one only)

- | | | |
|---|---|--|
| <input type="checkbox"/> White: English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Mixed: Other / Multiple ethnic backgrounds | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian or Asian British: Indian | <input type="checkbox"/> Black or Black British: Other |
| <input type="checkbox"/> White: Gypsy or Irish traveller | <input type="checkbox"/> Asian or Asian British: Pakistani | <input type="checkbox"/> Other: |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Asian or Asian British: Bangladeshi | <input type="checkbox"/> Prefer not to say: |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Asian or Asian British: Chinese | |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Asian or Asian British: Other | |
| <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> Black or Black British: African | |

Where other has been chosen, please specify below

ARE YOUR DAY TO DAY ACTIVITIES LIMITED BECAUSE OF A HEALTH PROBLEM OR DISABILITY WHICH HAS LASTED, OR IS EXPECTED TO LAST, AT LEAST 12 MONTHS?

- Yes
- Yes, a little
- No
- Prefer not to say

WHAT IS YOUR SEXUAL ORIENTATION? (tick one only)

- Heterosexual
- Gay
- Lesbian
- Other
- Prefer not to say

Thank you for completing this form.