



## LICAF 2024 - 27 TO 29 SEPTEMBER 2024, BOWNESS, CUMBRIA

PLEASE INDICATE WHAT YOU WOULD LIKE TO APPLY FOR:

- Exhibit in Marketplace only (28 to 29 September)
- Exhibit in Marketplace and participate in Rights Market
- Participate in Rights Market only (27 to 28 September)

### ABOUT YOU / YOUR BUSINESS / COLLECTIVE

Your name:

The Name would you like on your table signage (if exhibiting):

Website:

Email:

Contact Tel. No:

Are you :  An Independent Creator  Publisher  Retailer  Artist  Writer

If you are applying as an exhibitor, briefly describe what you will offer at your table (e.g. comics, prints, zines, merchandise etc)

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

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### SOCIAL MEDIA

Your Twitter:

Facebook:

Other:

### ABOUT YOU AND YOUR WORK

Please forward a short biog, 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.

Please return the completed form to [carole@comicartfestival.com](mailto:carole@comicartfestival.com) by 5pm on Friday 1 March 2024.



**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.**

### **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 |  |



**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?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes, a little
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

**What is your sexual orientation?** (Tick one only)

<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	Gay
<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	Other
<input type="checkbox"/>	Prefer not to say

Thank you for completing this form.