

# the hidden gardens



Application Form

## Contact Details

Name:.....

Address:  
.....

Postcode:  
.....

Tel No:  
.....

Email:  
.....

How many children do you have and what are their ages?

Why would you like to take part in Play With Your Food?

What is your favourite activity to do with your child/ren?

If you have any additional support needs please note them here:

## Equal Opportunities

### Ethnic Origin

Please specify:  
.....

### Employment Status

Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired
<input type="checkbox"/>				
Incapacity/DLA	<input type="checkbox"/>	JSA	<input type="checkbox"/>	Refugee
<input type="checkbox"/>				
Seeking Asylum	<input type="checkbox"/>	Other		
<input type="checkbox"/>		.....		

Do you have a disability or impairment? YES  NO

### Please Return to:

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