



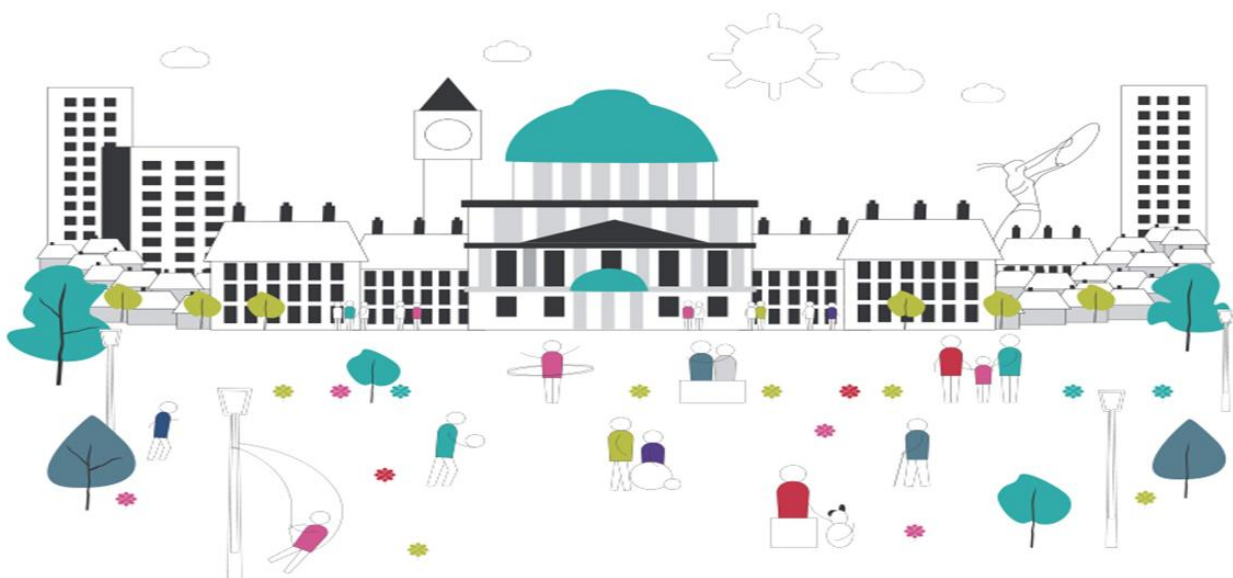
**Making life better,  
together**

*Belfast Strategic Partnership*



## 2016 Belfast Festival of Learning Event Submission Form

Your details	
Name:	
Telephone number:	
Email address:	
Organisation: (if applicable)	
Address	
Postcode	
<b>What type of organisation/group are you? (select one)</b>	
<input type="checkbox"/> Social Enterprise	
<input type="checkbox"/> Unregistered charity, club, society, association, community based group or organisation	
<input type="checkbox"/> Organisation recognised by HRM Revenue & Customs as charitable for tax purposes	
<input type="checkbox"/> Charity registered with Charity Commission NI	
<input type="checkbox"/> Charity registered in England, Wales or Scotland	
<input type="checkbox"/> Educational establishment	
<input type="checkbox"/> Statutory organisation	



## Event details

**Event title:**

**Event date (dd/mm/yyyy):**

**Time:**

**Event details:**

**Who are the learners for your event (gender, age, etc)?**

**How will the learners benefit from your event (max 250 words)?**

**How many learners will benefit from your event?**

**Location/venue for your event:**

