

**Application for a premises licence to be granted under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**I/We The Culture Collective Ltd**

*(Insert name(s) of applicant)*

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003**

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description			
<b>Park Farm Hook Street Swindon SN5 3NY</b>			
<b>Post town</b>	<b>Swindon</b>	<b>Postcode</b>	<b>SN5 3NY</b>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>£ 0 - £500</b>

**Part 2 - Applicant details**

- Please state whether you are applying for a premises licence as **Please tick as appropriate**
- a) an individual or individuals \*  please complete section (A)
  - b) a person other than an individual \*
    - i as a limited company/limited liability partnership  please complete section (B)
    - ii as a partnership (other than limited liability)  please complete section (B)
    - iii as an unincorporated association or  please complete section (B)
    - iv other (for example a statutory corporation)  please complete section (B)
  - c) a recognised club  please complete section (B)

- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a statutory function or
- a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

Name	<b>The Culture Collective Ltd</b>
Address	<b>The Culture Collective Ltd International House 64 Nile Street London N1 7SR United Kingdom</b>
Registered number (where applicable)	<b>11917676</b>

Description of applicant (for example, partnership, company, unincorporated association etc.) <b>Limited Liability Company</b>	
Telephone number (if any)	
E-mail address (optional)	<b>legal@theculturecollective.co.uk</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start? DD MM YYYY  
0 1 0 3 2 0 2 2

If you wish the licence to be valid only for a limited period, when do you want it to end? DD MM YYYY  
[ ][ ] [ ][ ] [ ][ ][ ][ ]

<p>Please give a general description of the premises (please read guidance note 1)</p> <p><b>This license application authorising licensable activities is time limited for ten days per year only. These days may fall consecutively or independent of each other.</b></p> <p><b>The premises is a large privately owned farm on the border of Swindon and Wiltshire. The premises is bordered by more farm land.</b></p> <p><b>For more information on the site and it's layout, please refer to the documents which form part of our licensing application.</b></p>
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. 14,999

What licensable activities do you intend to carry on from the premises?  
(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

- |  |                                     |
|--|-------------------------------------|
| Provision of regulated entertainment (please read guidance note 2)   | Please tick all that apply          |
| a) plays (if ticking yes, fill in box A)                             | <input checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                             | <input checked="" type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)            | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)                        | <input checked="" type="checkbox"/> |

- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g)  
(if ticking yes, fill in box H)

**Provision of late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 4) <b>For more information on the site and its layout, please refer to the documents which form part of our licensing application.</b>		
Mon	12:00	00:00			
Tue					
Wed					
Thur					
Fri	12:00	00:00			
Sat	12:00	00:00			
Sun	12:00	00:00	<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5) N/A		
			<b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
			N/A		

## B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day				Outdoors	<input checked="" type="checkbox"/>
Start	Finish			Both	<input type="checkbox"/>
Mon	12:00	00:00	<u>Please give further details here</u> (please read guidance note 4)  For more information on the site and its layout, please refer to the documents which form part of our licensing application.		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)  N/A		
Thur					
Fri	12:00	00:00	<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 6)  N/A		
Sat	12:00	00:00			
Sun	12:00	00:00			

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Tue			
Wed			<b><u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			



## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input type="checkbox"/>				
					Outdoors	<input type="checkbox"/>				
					Both	<input type="checkbox"/>				
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)							
Mon										
Tue										
Wed							<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)			
Thur										
Fri							<b><u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)			
Sat										
Sun										

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)  <b>For more information on the site and its layout, please refer to the documents which form part of our licensing application.</b>		
Mon	12:00	00:00			
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  N/A		
Thur					
Fri	12:00	00:00	<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)  N/A		
Sat	12:00	00:00			
Sun	12:00	00:00			

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)  <b>For more information on the site and its layout, please refer to the documents which form part of our licensing application.</b>		
Mon	12:00	00:00			
Tue			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)  N/A		
Wed					
Thur			<b><u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)  N/A		
Fri	12:00	00:00			
Sat	12:00	00:00			
Sun	12:00	00:00			

# G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	12:00	00:00	<u>Please give further details here</u> (please read guidance note 4)  For more information on the site and its layout, please refer to the documents which form part of our licensing application.		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)  N/A		
Thur					
Fri	12:00	00:00	<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)  N/A		
Sat	12:00	00:00			
Sun	12:00	00:00			

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sun					

I

<b>Late night refreshment Standard days and timings (please read guidance note 7)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)</b>	<b>Indoors</b>	<input type="checkbox"/>
				<b>Outdoors</b>	<input checked="" type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 4)</b>  <b>For more information on the site and its layout, please refer to the documents which form part of our licensing application.</b>		
<b>Mon</b>	<b>23:00</b>	<b>00:00</b>			
<b>Tue</b>			<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</b>  N/A		
<b>Wed</b>					
<b>Thur</b>			<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)</b>		
<b>Fri</b>	<b>23:00</b>	<b>00:00</b>			
<b>Sat</b>	<b>23:00</b>	<b>00:00</b>			
<b>Sun</b>	<b>23:00</b>	<b>00:00</b>	N/A		

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  N/A		
Mon	12:00	00:00			
Tue					
Wed					
Thur					
Fri	12:00	00:00			
Sat	12:00	00:00			
Sun	12:00	00:00			
			<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

<b>Name</b> Jack Lawrence Summers	
<b>Date of birth</b> [REDACTED]	
<b>Address</b> [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b> 881160143LIPER	
<b>Issuing licensing authority (if known)</b> Swindon Borough Council	

## K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

N/A

## L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)  N/A
Day	Start	Finish	
Mon	12:00	02:00	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)</p> <p>N/A</p>
Tue			
Wed			
Thur			
Fri	12:00	02:00	
Sat	12:00	02:00	
Sun	12:00	02:00	



## **M**

Describe the steps you intend to take to promote the four licensing objectives:

### **a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)**

**For specific details on how we plan to promote the four licensing objectives, please refer to Appendix A, which forms part of our licensing application.**

### **b) The prevention of crime and disorder**

**For specific details on how we plan to promote the four licensing objectives, please refer to Appendix A, which forms part of our licensing application.**

### **c) Public safety**

**For specific details on how we plan to promote the four licensing objectives, please refer to Appendix A, which forms part of our licensing application.**

### **d) The prevention of public nuisance**

**For specific details on how we plan to promote the four licensing objectives, please refer to Appendix A, which forms part of our licensing application.**

### **e) The protection of children from harm**

**For specific details on how we plan to promote the four licensing objectives, please refer to Appendix A, which forms part of our licensing application.**

## The Culture Collective Ltd - Premises License Application

### Appendix A

#### a) General – all four licensing objectives (b, c, d and e)

- The organiser will provide the Safety Advisory Group (SAG) and Licensing Authority with notice of the proposed event dates and capacity at least 3 months prior to the Event.
- The organiser will attend regular SAG meetings starting at least 3 months prior to the Event, as required by the SAG.
- The organiser will submit a first draft of the Event Safety Management Plan (ESMP) at least 3 months prior to the Event to the SAG.
- The final draft ESMP must be submitted to the SAG at least 1 month prior to the Event. Any changes requested to be made to the ESMP after this time must be approved in writing by the Licensing Authority.
- The ESMP will form the framework within which the Event is managed and operated. The conditions and operating procedures defined in the final version of the ESMP will be adhered to. The ESMP will include, but not be limited to, the following:
  1. Site Map
  2. Contacts (including the management team and key contractors)
  3. Concessions (a list of food and market traders)
  4. Risk Assessment
  5. Fire Risk Assessment
  6. Medical Plan
  7. Security Operations Plan
  8. Crowd Management Plan
  9. Crime Reduction Plan
  10. Drugs Policy
  11. Alcohol Policy
  12. Traffic Management Plan
  13. Adverse Weather Plan
  14. Waste Management Plan
  15. Water Management Plan
  16. Noise Management Plan
  17. Child, Youth and Vulnerable Person Welfare Policy
  18. Emergency Plan (including Major Incident Plans)
  19. Temporary Demountable Structures Policy
  20. Communications Plan
- Any alterations to the running of the Event made during the time the license is in operation must be agreed by the Event Liaison Team (ELT). The organiser will operate ELT meetings on site during the Event, which will include representatives of the organiser, responsible authorities and other members of the SAG as agreed appropriate. The ELT will meet during the Event at frequencies agreed by the SAG.
- The organiser will hold both public and employers liability insurance to the total of 10 million pounds for each Event.
- After each event, a debrief will be held with SAG representatives.
- Each year, a public consultation meeting for the benefit of the local stakeholders and residents will be carried out prior to the Event, with a subsequent debrief meeting scheduled for after the Event.

## **b) The prevention of crime and disorder**

- Access to the Event for members of the public will be strictly by ticket only. Staff, artists, trader, supplier and contractor access will only be allowed on display of relevant accreditation. Accreditation will be issued and managed by the organiser.
- The organiser will employ the services of a recognised and qualified security and stewarding company. Only individuals licensed by the Security Industry Authority will be used to guard against unauthorised access or occupation (eg, door supervision), outbreaks of disorder or property damage.
- All security staff and stewards will be easily identifiable and have appropriate training for their duties. A register will be maintained of all stewards and security staff employed before, during and after the Event containing their full names, date of birth, home addresses, employers, event specific identification and where appropriate their SIA registration details. All stewards will be fully briefed on the relevant particulars of the Event, and report or take other appropriate action for any suspicious activity.
- A two-way radio system will be used to maintain communication between event organisers and steward / security management. An Incident Report Register will be maintained via Security Control. The purpose of the document being to record the time, date and location of notable incidents including anti-social behaviour, admissions, refusals and ejections from the Event. The report will include the names and registration numbers of security personnel involved in and / or reporting the incident and / or to whom the incident was reported, the names and personal licence numbers (if any) of any other staff involved in and / or reporting the incident and / or to whom the incident was reported, the names and numbers of any police officer attending, the police incident and / or crime number and the full contact details of any witness. The Incident Register will be produced for inspection immediately on the request of an authorised police, council, fire or ambulance officer.
- Patrons may be subject to a search as a condition of entry. A discrete search area will be provided. Anyone refusing a search will be denied entry to the Event and will not be eligible for a refund of ticket price. Seizures of illegal substances or offensive weapons will be reported to the Police in a timely manner, and subject to any agreed threshold. A suitable purpose-made receptacle for the safe retention of illegal substances will be provided and arrangements made for the safe disposal of its contents as agreed with the Police.
- The organiser will operate a challenge 25 policy on the sale of alcohol. This training will be recorded in writing and be made available upon request. The only accepted forms of identification will be a passport, photo-card driving licence, or a PASS card, allowing for foreign equivalents. Each bar on site will be managed by a Personal Licence Holder under the site Designated Premises Supervisor (DPS). No alcohol sales will be made if the DPS, or a nominated representative thereof, is not on site, or if the DPS does not hold a licence, or his / her licence has been suspended. A refusal log will be kept at each bar. The organiser will take all reasonable steps to prevent drunkenness and other disorderly conduct, as per statutory conditions.
- Written policies in relation to drugs, alcohol, crime reduction, counter-terrorism and searching shall be fully implemented throughout the course of the Event.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

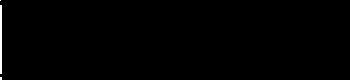
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12).  
**If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office</li></ul>
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	online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	<b>31.01.2022</b>
Capacity	<b>Director of The Culture Collective Ltd</b>

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			