

Application Form for the Women's Centre

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

When do you want to work? \_\_\_\_\_

Part-time: \_\_\_\_\_

Full-time: \_\_\_\_\_

Hours most suitable: between \_\_\_\_\_ and \_\_\_\_\_

Type of project: (must be related to women, example: video&media presentations, newsletter, women's medical clinic, women's study programme)

\_\_\_\_\_

Length of proposed project: \_\_\_\_\_

Specific resources to be used: (people, films, tapes etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities Planned: (How will you carry out the project? Give a week-by-week description if the project is a short-term one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation of your project: (How do you propose to do the final evaluation? report? feedback info?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you might want to add!

\_\_\_\_\_