**Entertainment Application Form**

We are looking for service users and residents to perform at The National Lived Experience Awards 2025.

Applications are open to solo acts or groups.

Prior to applying, you will need to discuss and agree with your clinical or residential team as they will be required to support your application. Your hospital / service will need to provide a dedicated member of staff to support you to attend any virtual planning meetings prior to the event and attend the awards on the day.

The awards will take place during the day on Tuesday 23rd September 2025 at Colwick Hall in Nottingham**.**

Deadline for applications is Wednesday 20th August. Successful applicants will be notified by Friday 22nd August.

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| **Applicant Name/s** (please include all names if part of a group) |  |
| **Site Name & Address** |  |
| **Ward Name** (if applicable) |  |
| **Website link** |  |

**Please tell us why you would like to perform at The National Lived Experience Awards on 23rd September 2025:**

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**What type of performance would you like to do?** This could be singing, poetry, dancing, performing in a band, or something else.

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**If you are playing music, will you bring your own equipment/instruments/speaker? Or do you need the tech support team to provide any equipment?**

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 **Any other information you would like us to know?** (Please tell us here if you need support or have accessibility requirements)

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 **Do you have any allergies or dietary needs?** (Please include who the request is for if part of a group)

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**Designated support staff details** (this person/s will receive all updates regarding meetings and the event.)

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| **Name/s** |  |
| **Job Title/s** |  |
| **Email Address/s** |  |
| **Dietary Requirement/s** |  |
| **Accessibility Request/s** |  |

**MDT Approval** (must be signed by a Responsible Clinician or equivalent at your service. If residing at a residential placement, the service manager can sign off)

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| **Name** |  |
| **Job Title** |  |
| **Email Address** |  |
| **Signature** |  |

**Risk Assessment: I confirm I have completed the relevant risk assessment to support the applicant to take part**

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| SIGN**:**  |