

**Clyde Hopkins Mentoring Award  
Application Form**



**Closing date: 29<sup>th</sup> April 2024**

**Name:**

**Address:**

**Telephone:**

**Email:**

**Website / social media:**

**1) Do you live or work in London Borough of Lewisham? Please delete as appropriate:**

Yes / no

Live / Work

**2) Please tell us about your practice and the underlying motivation for your work (300 words max)**

**3) What do you hope to gain from taking part in the Clyde Hopkins Mentoring Award? (250 words max)**

**4) Do you currently have a studio? If so, who is your studio provider and where are you based?**

**5) Do you have any access requirements that we might be able to support you with?**

**6) Where did you hear about this mentoring award?**