

EXPRESSION OF INTEREST FORM

YOUR DETAILS

Name: Surname:

Project Name:

Address:

..... Postcode:

Email Address:

Mobile: Phone Number:

YOUR BUSINESS DETAILS

ABN Number: (if applicable) Registered for GST (Please tick): YES NO

Public Liability Insurance (Please tick): YES NO Amount if yes \$

YOUR SPACE

Your preferred space requirement is: Area: sqm

Do you have special requirements:

YOUR PROJECT

Industry category:

Is your project (Please tick): an idea a start up or established

Do you require (Please tick): Retail Shop Workshop Gallery Other

If other please describe:

Are you willing to share space with another project (Please tick): YES NO

What is your project timeframe (Please tick): short term (under 6 months) long term (over 6 months)



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Project Description (please give details or attach information):

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.....
.....

Do you already have a space (Please tick): YES NO

If yes please give details:

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.....

How will your project be crucial to assisting with the establishment of a creative hub in Gosford City, and a platform for the development of creative industries on the Central Coast?

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If your project is established, please attach samples of your work/product.

Signature: Date:
(Please sign)

Please return this form to:

200 Mann Street, Gosford, NSW 2250 or email to createinnovategosfordcity@gmail.com or fax to 02 4322 9787

Office use only

Suitable: YES NO Comment:

Approved: YES NO Comment:



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