**KIRRIEMUIR SHOW – 19th JULY 2025**

**CRAFT TABLE APPLICATION**

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| Please complete the following information to indicate your interest in a craft table at the 2025 show. Once reviewed, we will send you a confirmation along with your invoice.  |

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| **COMPANY DETAILS** |
| **Company Name** |  |
| **Contact Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **CRAFT TABLE = 1 TABLE & 2 CHAIRS INSIDE MARQUEE**  |
| **TABLES** | **COST PER TABLE IS £40.00****PLEASE INDICATE HOW MANY YOU REQUIRE****Note: Marquee is floored and Wi-Fi will be available for traders on the day.**  |  |
| **ADVERTISING** |
| **ADVERTISE IN SHOW SCHEDULE** | MONO: HALF PAGE**PRICE - £65.00** |  |
| MONO: FULL PAGE**PRICE - £100.00** |  |
| **SPONSORSHIP**  | **Would you like information on Sponsorship?** |  |
| **TOTAL DUE**  |  |
| **ADDITIONAL INFORMATION** |
| **Please indicate any other specific requests or conditions below**  |

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| **GENERAL DATA PROTECTION REGULATION (GDPR)****Craft Table data is held both as a hard copy (paper) and electronically (on computer) by the Show Secretary.****We keep personal data so that we can contact entrants regarding KDDA business, for example, information about the show, events, meetings etc and occasionally information which we believe may be of interest to our members.****We DO NOT share member’s data with any other organisation or third parties.****Please tick the box if you agree that KDDA can use your personal data as described above.****NB:** *Under the GDPR legislation, you can withdraw permission for KDDA to hold your data* *at any time but we would no longer be able to contact you and keep you informed of KDDA activities.* |
| Signed: |  |
| Date: |  |

**CRAFT TABLE RISK ASSESSMENT**

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| In accordance with the **Management of Health & Safety at Work Regulations 1999,** please complete the following information and return with your craft table application. Please note we MUST hold a completed risk assessment for your stand prior to show day. Thank you for your cooperation and support. |
| **CRAFT TABLE DETAILS** |
| **COMPANY OR TABLE HOLDER NAME (AS PER APPLICATION)**  |  |
| **PERSONS AT RISK (Please indicate all that apply)** | PUBLIC | CONTRACTOR | STALL HOLDER/STAFF |
|  |  |  |
| **COMPLETED BY (PLEASE PRINT)** |  |
| **SIGNATURE** |  |
| **DATE** |  |
| **PLEASE CONSIDER ALL RISKS ASSOCIATED WITH YOUR INVOLVEMENT AT OUR SHOW AND COMPLETE THE FOLLOWING ASSESSMENT SHEET** |

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| **Sub Activity** | **Hazard(s)** | **Control Measures** | **Potential Consequence** | **Risk Rating**(Severity **x** Likelihood)Low/Medium/High |
| **Example****Setting up a stand** | **Person striking against object****Person falls from a height** | **Safe systems of work, instruction & training. Personal Protection equipment required. Supervision required** | **Strains, sprains, back injuries, fractures, fatigue cuts and bruises** | **Low** |
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**PLEASE RETURN THE FOLLOWING**

1. **APPLICATION FORM**
2. **COMPLETED RISK ASSESSMENT**
3. **COPY OF YOUR PUBLIC LIABILITY INSURANCE**