Dear Ben Gwalchmai,

**Spellbinding Storytelling Workshop**

I write to offer you a fee of £150 + including VAT (if applicable) to undertake work as outlined below.

This fee is exclusive of expenses.

**Project Brief:**

Facilitate a digital storytelling workshop for parents/carers and their children aged 8+ as part of Watershed’s Down The Rabbit Hole season of events. The workshop capacity will be capped at 16.

The workshop will run for 1.5 hours and will introduce families to Pervasive Media Studio technologies and ways of working, whilst encouraging them to develop their own creativity. Specifically, participants will look at branching narratives, narrative theory, and interactive storytelling, and will have the opportunity to learn about and write stories for three different digital platforms, then test them out.

Provide paper materials (info sheets) where needed.

Carry out postproduction of audio files collected at the workshop into a Mad Hatter’s Fabler app game that participants can explore after the workshop and show families where to download the app.

**Outline Programme for Spellbinding Storytelling Workshop:**

12:30– 13.00: Event set-up

13.00 – 14.30: Workshop

**Timeline:**

Delivery of event: Sat 2 November 13

Mad Hatter’s Fabler app game: By Sat 9 November 13

**Delivery:**

*Project manager: Roseanna Dias; contact number – 07938117226*

Please note that Watershed is committed to safeguarding the welfare of children and young people. If you are working with children or young people on behalf of Watershed a member of Watershed staff with a valid DSB check will be present in the session. In addition to this by signing the form below you are declaring that you have never been:

* Cautioned or convicted of any offence relating to children and young people
* Subject to any disciplinary action or sanction relating to children.

Payment will be made as follows:

Payment No. Amount Conditions of Payment

Payment 1 £150 Upon completion of the workshop and the Mad Hatter’s Fabler app game.

Payment will be made once the conditions of release have been met and on receipt of an invoice. If you are VAT registered please ensure that your VAT registration number is shown on your invoice. Allowable expenses should be included on your invoice as a separate item and must be supported by receipts.

Payment will be made direct into a UK bank account of your designation within 30 days of receipt of an invoice. Please note that payments will not be made unless the conditions of release have been met.

Please note that you are not covered by Watershed’s insurance cover for any insurance matter relating to your carrying out work for Watershed, and you must ensure that you are adequately covered on your own account.

If this offer is acceptable please sign below to indicate your acceptance of the terms and conditions outlined above and return one signed copy of this letter to the Finance department together with a completed BACS payment form (attached).

Please note that this offer will lapse if it is not accepted within 30 days.

Yours sincerely

*Roseanna Dias*

I hereby accept the terms and conditions of this offer as outlined above:

Signed…………………………………………………………………….

Name (please print)………………………………………………………

Date ………………………………………………………………………

Please sign this slip (do not detach from the letter) and return it to the Finance Department, Watershed, 1 Canons Road, Bristol, BS1 5T

**BACS Payment Details**

Watershed Arts Trust prefers to pay suppliers by BACS transfer.

If we do not already have your bank details please complete and return this form with your first invoice.

I authorise Watershed (Group) to make bank payments into the following account:

Organisation Name: ………………………………………………………………………

Address: ………………………………………………………………………………

 …………………………………………………………………

Contact name: ………………………………………………………………………

(the name of the person to be held on our records as the contact for your account with us)

Position in organisation:……………………………………………………………………….

E-mail Address ………………………………………………………………………

(we will e-mail a payment remittance to you/your organisation at the address given above)

**Bank Account Details**

Bank Name: …………………………………….

Bank Address …………………………………….

 …………………………………….

Account Name: ……………………………….……

Sort Code: …………/……………/…………….

Account Code: ………………………………….…

Signed: …………………………………………………………………

Name of signatory: …………………………………………………………………

Position in organisation:……………………………………………………………………….