**Collections Care Skills Sharing Programme  
Offer from Host Organisation**

Name of Host

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Museum Address where placement will take place

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Main Contact (including email address and telephone number)

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Overview of project or task

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Skills being offered

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Number of places available Number of days or ½ days Dates (i.e. month/week as applicable)

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Notes (i.e. on site facilities, public transport or parking arrangement, placement hours, dress, working environment)

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Please return this form to [wmmd@ironbridge.org.uk](mailto:wmmd@ironbridge.org.uk)