

RESIDENCY PROGRAM 2012 - APPLICATION FORM

CONTACT INFORMATION

Applicant /Contact Name:		
Name of Arts Group/ Organisation (if applicable):		
Residential Address:		
Postal Address:		
Telephone: (H)	(W)	(M)
Email:		

Are you also submitting an Application Form for the Exhibition Program? Yes/ No (Please circle)

ABOUT YOUR ARTS PRACTICE

Which best describes you?

(Please tick one only):

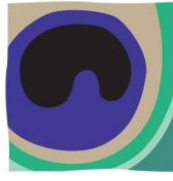
- Established Artist:** An established artist is considered to be either currently represented by commercial gallery or has a consistent exhibition history.
- Emerging Artist:** An emerging artist is considered to be without a substantial exhibiting history, who displays a degree of dedication and promise, attested to by references. It may also include recent art graduates with solid records of achievement, who are within the first 5 years of their practice.
- Arts Group/ Collective/ Organisation**

Please describe your current arts practice and current focus of your work. This may include materials and processes you employ or the concepts and themes behind your practice.

Please provide details of any grants or residencies received from State, Federal or other arts funding agencies.

Please describe what you expect to achieve as a result of the Residency Program. This may include producing a new body of work, building your skill base or experimenting with new processes.

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Please indicate your preferred length of Residency tenure?

- 1 month
- 2 months
- 3 months
- 6 months
- 1 year

Preferred dates of Residency: Please suggest 3 options if possible. Every effort will be made to accommodate your preference; however, no guarantee can be given. Please note that months nominated must be from February 2012 to February 2013.

Option1:

Option2:

Option 3:

Please detail your required use of the Studio including hours and days per week that you are likely to access the Studio if you are offered a Residency?

Please indicate whether you are willing to share access to the Studio with other Artists who will attend at other hours/days not being used by you or your arts group. Either option is acceptable.

- I am willing to negotiate shared access to the Studio during my Residency Term.
- I require exclusive use of the Studio for my Residency Term.

Do you have specific requirements that are essential to your use of a studio? Please list below.

Are you willing to contribute to the *Peacock Gallery and Auburn Arts Studio* Public Program during your Residency Term?

- Yes
- No

Please tick the Public Programs you would like to participate in or facilitate:

- Artist Talks or Demonstrations
- Community Art Workshops
- Classes for the Community
- Onsite Performance
- Other. Please provide details below.



Other:

SUPPORT MATERIAL

- Please include with your application:
- **Current CV** (this can be an individual Artist CV or group CV)
 - **A maximum of 10 digital images of current artwork** (images must be saved in jpeg format and numbered as per the Support Materials List below).
 - **AND/OR** A DVD of film, performance or theatrical pieces (no longer than 5 mins)
 - **AND/OR** CD sound and music compositions (no longer than 5 mins)

NOTE: Please include in your CV details of any Public Programs you have facilitated (and the organisations provided on behalf of) if this applies.

Support Materials List

Image No.	Title	Date Created	Medium	Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please note: All submitted material may be retained by Auburn City Council and held on file. Do not send originals as Council takes no responsibility for any support material lost or not received.

REFEREES

Please include 2 referees who are able to support your application through their knowledge of your arts practice.

	Name	Position	Contact Details
Referee 1			
Referee 2			

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AGREEMENT

I hereby certify that to the best of my knowledge the above information is correct. I undertake to advise Council staff should there be any alterations or additions to the information supplied.

I am prepared to enter into a formal agreement with Auburn City Council if I am offered and accept a place in the Residency Program.

Full Name: _____

Signature: _____

Date: _____

SUBMITTING AN APPLICATION

Closing Date: FRIDAY 18 November 2011, 5pm

Please ensure you have done the following before submitting an application:

- Read the **Information for Applicants** before completing this Application Form.
- Completed the Residency Program – Application Form.
- Included support material (clearly labelled with your name and the image number or description of content).
- Kept a copy of your application and any related material for your records.

Please note that applications can be sent in hard copy or as email attachments. All attachments must be saved in a format suitable for a PC. Please forward completed applications to:

VIA POST CDO – Arts Programs
Auburn City Council
PO BOX 118
AUBURN NSW 1835

VIA EMAIL: Jenny.Cheeseman@auburn.nsw.gov.au

HAND DELIVER: Council Customer Service, 1 Susan Street, AUBURN, NSW

Please note: This is an application form only. When received, your application will go before a Selection Panel who will select the Artists to be offered a residency opportunity in 2010 from the applications received. All applicants will be notified of the result of their application in writing.

NEED MORE INFORMATION? Come along to an Information session –

- **@Peacock Gallery - Saturday 22 October (3pm-4pm) OR Thursday 3 November (3-4pm)**
- **@Auburn Library (Level1) – Monday 24 October (6pm-8pm)** as part of the Auburn Artists Network Meeting

Further information and to RSVP

Phone (02) 9735 1396 or email Jenny.Cheeseman@auburn.nsw.gov.au