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| A purple and blue paint splatter  Description automatically generated | INGLEWOOD ARTS HUB inc.**ABN: 88277306479****Hub address: 895 Beaufort Street, Inglewood WA 6052** **Postal address: PO Box 136 Inglewood WA 6932****Email:** **hello@inglewoodartshub.org** |

**Artist-in-Residence (AIR) Program**

**Application Form**

Complete this form and email it to airprogram@inglewoodartshub.org with ***all requested attachments***

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| **Applicant details** |
| Applicant first name:       |
| Applicant last name:       |
| Applicant date of birth (DD/MM/YYYY):       |
| Applicant email:       |
| Applicant phone:       |
| Applicant address:      |
| Suburb:      | Postcode:       |
| **Residency goals** (Provide a brief outline of your goal, approx. 100-300 words) |
| Residency goal 1:       |
| Residency goal 2:       |
| **Measurable outcomes** (How will you and IAH know that your goal has been achieved?) |
| Measurable outcome goal 1:       |
| Measurable outcome goal 2:       |
| **Community engagement** |
| Which of the following community engagement activities do you propose to undertake? (Select *at least one* activity) |
| [ ]  Run a workshop |
| [ ]  Present an artist talk/demonstration |
| [ ]  Run a project within the local community |
| [ ]  Create a project about the local community (with community input) |
| [ ]  Other (Outline community activity you propose)       |
| Provide a brief description of your proposed concept and activity.       |
| Note: if you are successful, you will be required to provide a more detailed plan of your Community Engagement Project before the commencement of your residency, including any drawings/sketches, photos, workshop participants and outline (if applicable), and proposed dates for artist talks, workshops, and/or exhibition. |
| **Practicalities & preferences** |
| Preferred length of residency (Choose one - 2, 3, 4, 5, or 6 months):       |
| Are you able to be flexible about your length of residency? (yes or no):       |
| Would you prefer to share a studio? (yes or no):       Comment on your preference       |
| Preferred days / hours for residency (total of 16 hours per week:  |
| [ ]  Monday AM | [ ]  Monday PM |
| [ ]  Tuesday AM | [ ]  Tuesday PM |
| [ ]  Wednesday AM | [ ]  Wednesday PM |
| [ ]  Thursday AM | [ ]  Thursday PM |
| [ ]  Friday AM | [ ]  Friday PM |
| [ ]  Saturday AM | [ ]  Saturday PM |
| Preferred months:       |
| [ ]  First half of year | [ ]  Mid-year | [ ]  Last half of year |
| Are you interested in having an exhibition at the conclusion of your residency? (yes, no, or uncertain, if uncertain comment in a few words):      |
| Do you have public liability insurance? (yes or no):       |
| Do you have a Working With Children Check? (yes or no): |
| Please list any special requirements:       |
| Other relevant information:       |
| **Referees** |
| List one professional and one personal/character referee for us to contact: |
| Professional referee first name:       |
| Professional referee last name:       |
| Professional referee relationship to applicant:       |
| Professional referee email:       |
| Professional referee phone:       |
| Personal/character referee first name:       |
| Personal/character referee last name:       |
| Personal/character referee relationship to applicant:       |
| Personal/character referee email:       |
| Personal/character referee phone:       |

**Supporting materials to be attached**

Accepted file types: doc, docx, pdf. maximum file size: 1MB

* Curriculum Vitae
* Artist Statement – detailed and relevant
* CV or Artist Statement to **include links to examples of artwork**, e.g. social media or website