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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**](mailto:hello@inglewoodartshub.org) |

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

**Application Form**

Complete this form and email it to [airprogram@inglewoodartshub.org](mailto: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