

**SPRINGHALL ARTIST IN RESIDENCE SCHEME**

**AT FLOWERFIELD ARTS CENTRE, PORTSTEWART**

**APPLICATION FORM**

1. **CONTACT DETAILS**

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone  |  |
| Mobile |  |
| Email |  |

1. **INSURANCE**

Please confirm that you have your own public liability insurance and if appointed, will submit a copy to council. Yes / No

1. **ACCESS NI CHECK**

It is a requirement of this contract that the artist appointed must carry out an Access NI check. Please confirm that you are willing to provide this. Yes / No

1. **REFEREES**

Please provide the contact details of two referees. At least one of these must relate to a community engagement project in which you have been involved.

***REFEREE 1***

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Email Address |  |
| Telephone No |  |
| Project |  |

***REFEREE 2***

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Email Address |  |
| Telephone No |  |
| Project |  |

1. **CHECK LIST**

Please ensure that you have included the following documents with this application form:

* Stage 1 Template
* Stage 2 Template
* Up to date artist’s CV including photographic examples of relevant previous work

**STAGE 1 TEMPLATE**

**EXPERIENCE**

Please provide evidence of relevant experience in a minimum of at least two community arts engagement activities including one where you have been the lead artist. Please give a description of each project including your role.

**PROJECT 1**

|  |
| --- |
| **Description** |
| **Your Role** |

**PROJECT 2**

|  |
| --- |
| **Description** |
| **Your role** |

**ADDITIONAL PROJECTS IF APPLICABLE**

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**STAGE 2 TEMPLATE**

1. **PROJECT PROPOSAL**

Please give an outline description of your project. This should include the following:

1. Relevance to theme “Making Connections
2. How you will meet outputs as described in the ToR
3. Development of artist’s practice
4. Proposed timetable for the delivery of the project including start and end date and key milestones.

|  |
| --- |
| **Outline description of project** |
| 1. **Relevance to the theme “Making Connections”**

 |
| 1. **How does it meet the outputs as described in the ToR?**
 |
| 1. **How will you develop your own practice?**
 |
| 1. **Timetable for the delivery of the project including start and end date and key milestones.**
 |

1. **COSTS**

Please provide a breakdown of all project costs

|  |  |
| --- | --- |
| Item of Expenditure | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

1. **HEALTH & SAFETY CONSIDERATIONS**

Please outline and health and safety considerations relating to the delivery of your project and how you will address them.

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1. **RISK MANAGEMENT**

Please outline any risks associated with the delivery of your project and how you will manage them.

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1. **MONITORING & EVALUATION**

Please outline how you will monitor and evaluate your project.

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