



OZ - Application Form

Name:

Address:

Resident in which London borough?

Postcode:

Phone:

Email:

How long have you been practicing as an artist? Please circle.

0 – 3 years 3-5 years 5-10 years 10-15 years 15 – 20 years 20+ years

Which of the following describes your practice? Please circle as many as required.

Painting Sculpture Installation Live Art / Performance Photography

Printmaking Contemporary Crafts New Media Sound / Sonic Art

Other (please describe)

How did you hear about this opportunity?

Artquest website

Artquest e-letter

Print Ad (name magazine)

Other e-letter (name e-letter) Word of Mouth

Other (please describe)

Please use the space below to describe, in 500 words or less, why you are applying for this residency and why it would be advantageous at this stage in your practice. Please include information on what you would like to achieve during the residency, or a programme of work you may undertake.



Application checklist - Please ensure your application includes the following.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

- Completed Application form
- Equal Opps form (attached)
- Maximum 2 page CV
- SAE for return of material, if desired
- Supporting Material – we will only accept the following:
 - Up to 8 digital images / digital slides (PC compatible CD / DVD only)
 - Up to 10 minutes of moving image work (PC compatible CD or DVD only)
 - Up to 10 minutes of sound work – (PC compatible CD/ DVD only)

Please do not send:

- Catalogues / leaflets
- Books
- Cassettes / VHS
- Slides
- Prints

Please also ensure you have signed the declaration at the end of the application.

Artquest cannot accept responsibility for the safe return of supporting material. Please do not send any originals. Work can only be returned if you enclose an SAE with correct postage with your application.

Application deadline – Friday 4 July 2008.
LATE APPLICATIONS WILL NOT BE ACCEPTED.

Applications to be sent to:

OZ
Artquest
University of the Arts London
65 Davies Street
London
W1K 5DA

Declaration:

I declare that all information contained in this application is correct to the best of my knowledge. I further declare that I am available for the full period of the residency period (15 September 2008 - 19 December 2008) and, if selected, will reside in Australia for this period.

Signed:

Date:

EQUAL OPPORTUNITIES MONITORING FORM

In order for us to monitor how the artists that use our services reflect the diversity of London, please complete this form. We will not share the information with other organisations or individuals and all data will remain anonymous. This form will be separated from your application. Please choose the words that best suit you, or add your own if necessary.

For: OZ residency

Disability

The Disability Discrimination Act defines a disability as ‘a physical impairment which has a substantial and long-term effect on a persons ability to carry out day to day activities’.

By this definition, do you consider yourself to have a disability?

Yes **No**

Gender

Female **Male**

Ethnic Background

Please choose those words that best suit you, ***ticking more than one box if necessary.***

African

(Please say which country)

Caribbean

East Asian

(Please say which country)

South Asian

(Please say which country)

English / Scottish / Welsh

Irish

Other European

(Please say which country)

Latin American

(Please say which country)

Other

(Please describe)