## ARTIST APPLICATION FORM

To apply email <u>events@stpeterdebeauvoir.org.uk</u> with the below information, and Equal Opportunities Form, by 5pm on September 12th, 2023.

Please see <a href="http://www.stpeterdebeauvoir.org.uk">http://www.stpeterdebeauvoir.org.uk</a> for more information.

| Artist name and address:                                                                                                                                                                  |          |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|
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|                                                                                                                                                                                           |          |  |  |  |  |
|                                                                                                                                                                                           |          |  |  |  |  |
|                                                                                                                                                                                           |          |  |  |  |  |
| Tel:                                                                                                                                                                                      | Mobile:  |  |  |  |  |
| Email:                                                                                                                                                                                    | Website: |  |  |  |  |
| Are you an early career artist? (Please see our definition of 'early career' in the application information) Y/N                                                                          |          |  |  |  |  |
| Do you consider that you have experienced social, cultural, or economic barriers to participation in the arts? Y/N                                                                        |          |  |  |  |  |
| Do you have access to a studio space? Y/N                                                                                                                                                 |          |  |  |  |  |
| Have you exhibited work publicly in the last 6 months? Y/N, If yes, where?                                                                                                                |          |  |  |  |  |
| Please describe your artistic practice (max. 300 words) or send a 2 minute video.  Please talk about your practice in accessible language, describing what you do as clearly as possible. |          |  |  |  |  |
|                                                                                                                                                                                           |          |  |  |  |  |
|                                                                                                                                                                                           |          |  |  |  |  |

| Work 1 title:                                                  |
|----------------------------------------------------------------|
|                                                                |
| Work 1 medium:                                                 |
|                                                                |
| Work 1 dimensions:                                             |
|                                                                |
| Does your work require framing?                                |
|                                                                |
| Do you have specific display requirements? i.e. AV, plinth etc |
|                                                                |
| Work 1 value:                                                  |
|                                                                |
| Work 2 title:                                                  |
|                                                                |
| Work 2 medium:                                                 |
|                                                                |
| Work 2 dimensions:                                             |
|                                                                |
| Does your work require framing?                                |
|                                                                |

| Do you have specific display requirements? i.e. AV, plinth etc |  |  |
|----------------------------------------------------------------|--|--|
| Work 2 value:                                                  |  |  |
| vvoir 2 value.                                                 |  |  |
| Work 3 title:                                                  |  |  |
|                                                                |  |  |
| Work 3 medium:                                                 |  |  |
|                                                                |  |  |
| Work 3 dimensions:                                             |  |  |
|                                                                |  |  |
| Does your work require framing?                                |  |  |
| Do you have specific display requirements? i.e. AV, plinth etc |  |  |
| Work 3 value:                                                  |  |  |
|                                                                |  |  |

Please provide digital images (1-3) of each work submitted (images of at least 1200 x 1200 pixels in .jpeg format) Images should be named in the following format Artist\_Name\_Title

If submitting a video please include a link to the platform/website it can be viewed at e.g. Vimeo.

## Safe-keeping and insurance:

St Peter de Beauvoir Town agrees to take all necessary measures to ensure the safety and security of all submitted works during install, the exhibition itself and deinstall. By displaying your work, you agree that St Peter's will not be held liable for any loss or damage incurred during the exhibition. St Peter's advises all artists submitting work to the exhibition to have their work insured if the artist deems it necessary.

## **EQUAL OPPORTUNITIES FORM**

St Peter De Beauvoir Town wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the applicants in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only.

If you have any questions about the form contact Kathy Boyce

Please return the completed form to <a href="mailto:events@stpeterdebeauvoir.org.uk">events@stpeterdebeauvoir.org.uk</a>

| Which of the following best describes your gender identity?                                                                                                                                                           |                                                                            |                                |  |                                             |                   |                   |        |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------|--|---------------------------------------------|-------------------|-------------------|--------|--------------|--|
| Female                                                                                                                                                                                                                | Male                                                                       |                                |  | I use another term (for example non-binary) |                   | Prefer not to say |        |              |  |
| If you chose 'I use another term', please specify:                                                                                                                                                                    |                                                                            |                                |  |                                             |                   |                   |        |              |  |
|                                                                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| Do you consider yourself to be Trans? (as noted by Stonewall, 'Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth'.) |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| Yes                                                                                                                                                                                                                   | No                                                                         |                                |  | Prefer no                                   |                   |                   | not to | ot to say    |  |
|                                                                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| How would you describe your sexual orientation?                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
|                                                                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| How would you describe your ethnicity?                                                                                                                                                                                |                                                                            |                                |  |                                             |                   |                   |        |              |  |
|                                                                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| Do you identify as a D/deaf or disabled person, or have a long-term health condition?                                                                                                                                 |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| Yes                                                                                                                                                                                                                   |                                                                            | No                             |  |                                             | Prefer not to say |                   |        |              |  |
|                                                                                                                                                                                                                       |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| What is the highest level of qualification achieved by either of your parent(s) or guardian(s) by the time you were 18?                                                                                               |                                                                            |                                |  |                                             |                   |                   |        |              |  |
| Degree or degree<br>equivalent or<br>above                                                                                                                                                                            | Qualification<br>below degree<br>level (for<br>example GC<br>A-level, O-le | v degree<br>(for<br>ple GCSEs, |  | ications                                    | I prefer not to   |                   | say    | I don't know |  |

Has anyone else in your family (now, or in the past) worked in the arts, or as an artist?

| Yes                                                             | No | Prefer not to say |  |  |  |  |  |
|-----------------------------------------------------------------|----|-------------------|--|--|--|--|--|
| How do you financially support yourself as an artist currently? |    |                   |  |  |  |  |  |
|                                                                 |    |                   |  |  |  |  |  |
|                                                                 |    |                   |  |  |  |  |  |
| How did you find out about this opportunity?                    |    |                   |  |  |  |  |  |