

Regional Assembly 2023 Expression of Interest

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this Expression of Interest form, you should have read the **Regional Assembly Program Guidelines 2023**, which can be downloaded here: <https://regionalarts.com.au/programs/2021-regional-assembly-program>

This section of the form is designed to help you, and us, understand if you are eligible for this opportunity. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable opportunity.

If you have any questions in regards to these eligibility criteria, please contact **rafmanager@regionalarts.com.au**.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the Regional Assembly Program Guidelines 2023.
- Is an individual creative practitioner who is mid-career. RAA defines mid-career practitioners as those having created an independent body of work over a number of years with regional or national recognition through publication or public presentation of their work.
- Can provide evidence of past work and demonstrate how participation in this program will extend the boundaries of their practice.

Australian Applicants only:

- Are limited to one successful application per person, across the Fellowship & Regional Assembly programs^[1].
- Must have an ABN (registered to their name and location) or have an auspice organisation manage their grant.
- Must be an Australian citizen or permanent resident living and working in regional Australia.
- Must reside at an address classified as regional using the Modified Monash Model Map^[2]. The applicant address must be from classification MMM 2 - MMM7.
- May apply to both the Fellowship and the Regional Assembly programs, but only one program place would be offered to a successful applicant.

International Applicants only:

- Must demonstrate that their practice is based outside of a capital city.
- Must demonstrate the creative benefits of connecting to, and forming peer-to-peer relationships with, Australian artists.

^[1] See RAA's National Regional Arts Fellowship Program Guidelines for more information.

^[2] To check how your address is classified visit the Doctor Connect Locator Map: <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator> Select Modified Monash Model 2019 and search your address.

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Please click 'yes' to confirm that the applicant is eligible for this opportunity: *

Yes No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Applicant Details

Applicant name *

First Name Last Name

Please use your legal name

Preferred name (if different from legal name):

Primary contact person (if different from applicant)

First Name Last Name

This is the person we will correspond with about this grant

Applicant Email *

Must be an email address.

Applicant phone number *

Back-up phone number

Do you identify as any of the following? *

- First Nations
- People with disability
- Culturally and linguistically diverse
- Youth (25 years and under)
- LGBTQIA+
- Other:

- Would rather not say
- None of the above

You can select as many as apply.

Are you applying as an Australian resident or an International resident?

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Please select one: *

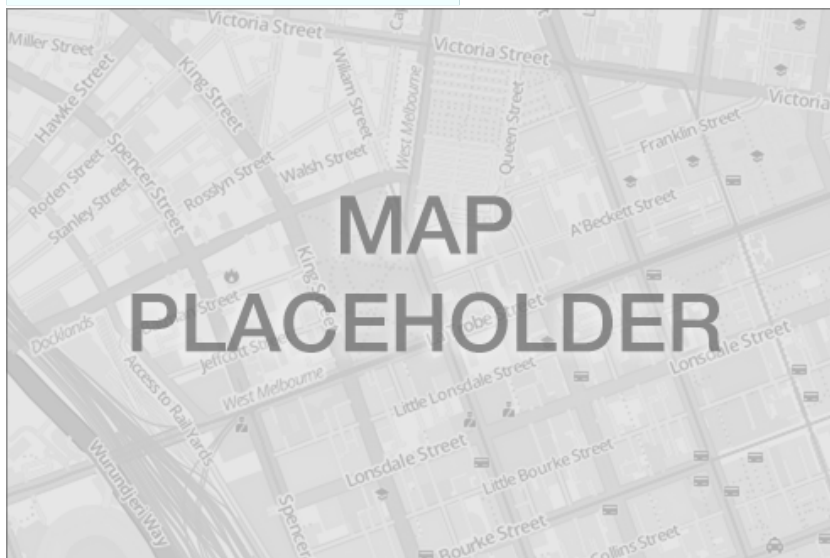
- Australian
- International

Australian applicants

* indicates a required field

Applicant residential address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Local Government Area

Applicant Remoteness Area

Must be an address in regional Australia (classification MMM2 or above) according to [this map](#). Please select Modified Monash Model 2019 and enter your address to search.

What is the applicant MMM based on residential address? Only MMM2-7 locations are eligible for this opportunity. If you reside in MMM1 location you are not eligible. *

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Applicant Postal Address (if different from residential)

Address

Applicant ABN or Auspice required

Do you have your own ABN? *

- Yes, I have an ABN that is registered to my name and location.
 No, I do not have my own ABN and will nominate an organisation to auspice my payment.

Applicant ABN

Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Information

Name of auspice or partner organisation *

Organisation Name

Auspice Project Contact Primary Address

Address

Auspice postal address

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Address

Primary contact person at Auspice or Partner organisation *

Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Position held in organisation

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's back-up phone number

Contact person's email address *

Must be an email address

Auspice Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice or Partner organisation's website

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Must be a URL

Please attach a letter or email from the auspice organisation confirming this arrangement is valid and current *

Attach a file:

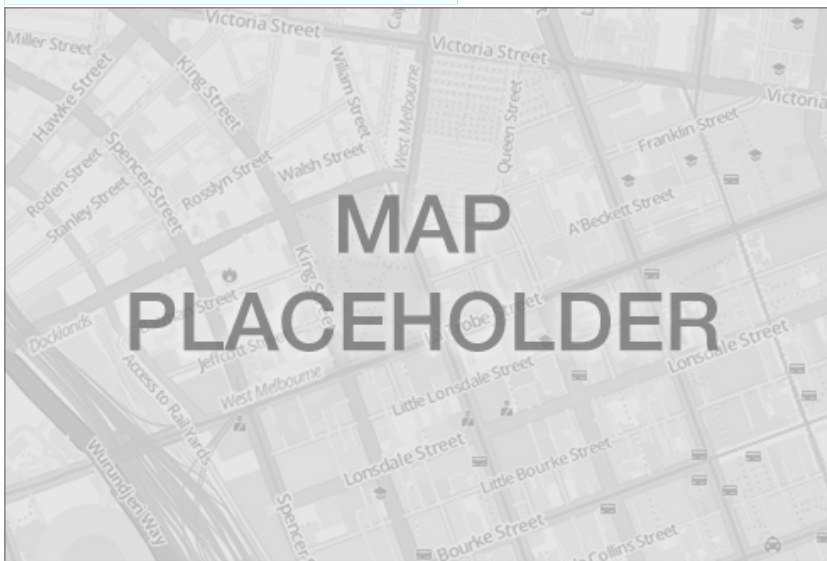
Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

International applicants

* indicates a required field

Residential address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Please describe how your location is 'regional'/ outside of capital city

Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Do you have any current networks or relationships with Australian artists/practitioners? If so, please describe and if not, please tell us why you would like to foster an International relationship. *

Word count:
Must be between 100 and 400 words.

About the Artist/ Practitioner

* indicates a required field

Information about the applicant's career and current practice

Tell us who you are and why you do what you do *

Word count:
Must be no more than 300 words.

Please provide an artistic (or career) statement on your current work. *

Word count:
Must be between 100 and 400 words.

Do you have any Accessibility needs that will need to be supported so you can participate in the Assembly Program?

Please upload a brief Curriculum Vitae that is no more than 2 pages *

Attach a file:

Sample of work

Please provide a maximum of 3 URL links related to your practice or area of interest (including website, published papers or videos)

Please provide direct links to relevant webpages to assist assessors.

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Please note - a maximum of three (3) direct links of audio, images or video (no greater than three minutes in length per video) can be uploaded.

Description of link	Website
	Must be a URL.

Other supporting material

Please upload other supporting material as a PDF or Word file (.dox .docx. pdf. jpeg)

Attach a file:

Why do you want to be part of the Regional Assembly and what can you offer?

* indicates a required field

Why Regional Assembly and why now? What experience do you have to bring? *

Word count:

Must be no more than 300 words.

What do you hope to gain from attending and how would you share your experience? *

Word count:

Must be no more than 300 words.

Is there anything else you'd like to add, that isn't covered in this EOI form? *

Word count:

Must be between 100 and 400 words.

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Certification and Feedback

* indicates a required field

Privacy Statement

The information requested by Regional Arts Australia in this application form is to be used for the purposes of determining whether or not an individual is eligible for financial and professional support under this program.

I agree to the following: The Australian Government stipulates that application details and applicant contact information may be provided to the Australian Government (including the Minister and the Department), Members of Parliament and Regional Arts Australia, and may be published on the internet by any of them. This will include the applicant's name/ organisation name, funded project description, funded amount, state/territory, location and electorate. This information may also be used for promotion and reporting purposes. The Directors of Regional Arts Australia and their representatives may also use this information to conduct research so that we may better understand community needs and can improve service delivery. I understand that my contact details may be provided to Members of Parliament.

I agree to the Privacy Statement *

Yes

Certification

This section must be completed by the applicant or by a person acting on behalf of the applicant as nominated in the first page of the form.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, they will be required to accept the terms and conditions of the Regional Assembly as outlined in the letter of offer.

I agree *

Yes

No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

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Applicant Feedback

This is the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Thank you for taking the time and effort to apply for this opportunity.

Your application will be reviewed by a Peer Panel and you will be notified of the outcome via email in May 2023.