**[Arts@SBG Community Arts Residency] APPLICATION FORM**

This application form is in 4 sections:

* Section 1: Applicant’s details
* Section 2: Artistic objectives
* Section 3: Residency proposal – please attach supporting materials (if any)
  + Outline of arts engagement plans with the community and showcase
  + Estimated budget – please attach the Budget Form (Annex B)
  + Progress tracking calendar for monthly goals
* Section 4: Checklist and Declaration

Please fill in all parts of this form and submit it with the required documents, including your CV(s) and two samples of past work/your online portfolio. Word limits are intended as a guide. All applications must be submitted by **2359hrs, 18 August 2021**

Late or incomplete applications will not be accepted.

Please refer to the Open Call documents for more information.

If you have any queries, please contact Joanne at joanne@aux.com.sg

**SECTION 1**

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s Details** (please fill in relevant sections) | | | | | | |
| **Type of Application** | | | | | | |
| Type | | Individual  Collective (up to four members) | | | | |
| **For Individuals** | | | | | | |
| Name of Individual(as in NRIC)  Salutation  Full Name | | | Nationality | | | |
| Primary Country of Residence | | | |
| Occupation | | | Date of Birth | | | Sex |
| Address | | | Contact  (H)  (O)  (HP)  Email | | | |
| **For Collectives** | | | | | | |
| Name of Collective  Formation Date  Name of Primary Contact  Primary Contact’s Role in Group | | | | Mailing Address of Collective    Office Tel  Home Tel HP  Email | | |
| **Artists in the collective (max. 4 members, please indicate Primary Applicant)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S/N | Full Name | Nationality | Country of Residence | Address | Email | Contact Number | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | | |
| **Referees’ Contacts**  These referees should be artists who are familiar with your work and practice. | | | | | | |
| **1** | **Name** | **Designation** | | | **Email** | |
|  |  | | |  | |
| **Relationship to Applicant** | **Organisation (if applicable)** | | | **Contact No.** | |
|  |  | | |  | |
| **2** | **Name** | **Designation** | | | **Email / contact no.** | |
|  |  | | |  | |
| **Relationship to Applicant** | **Organisation (if applicable)** | | | **Contact No.** | |
|  |  | | |  | |

**SECTION 2**

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| **Artistic Objectives & Artist’s Statement**  Describe your artistic practice and intent. What are your guiding principles when working with a community?Refer to your attached samples of past work if relevant to any part of this section. |
|  |
| **Capability Development Objectives**  What do you wish to gain or learn through this Residency?  Why is the Residency appropriate for you and your artistic practice at this stage of your career?  How will this experience contribute to your practice, skills and immersion in the art form/sector?  What areas of improvement do you think that participating in the Residency may help address? |
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**SECTION 3**

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| **Residency Proposal**  Please describe a project you hope to develop during your Residency. While the dynamic conditions of community art-making processes would mean that your plans are subject to change, we would like to know your intended direction and goals, as well as contexts or references you have in mind.  Attach textual, visual or digital supporting materials required to illustrate or elaborate on your proposed plans as follows. Refer to your samples of past work if relevant.  The artist/collective should document the process and work towards a showcase with the flexibility to be both presented in the Singapore Botanic Gardens or held entirely online, subject to the proposal’s approval. | |
| **Theme/Concept/Line of inquiry**  What aspects of Singapore Botanic Gardens and its community do you intend to involve, explore, and investigate? |  |
| **Objectives/Outcomes**  What impact do you hope the Residency – both the process and artistic product – will have on the community and spaces in Singapore Botanic Gardens? |  |
| **Quantitative Output**  No. of artworks, no. of audience and participants engaged etc. |  |
| **Residency Period**  What artistic approaches will you apply, and how?  When and where will this take place? (Elaborate in the Progress Tracking calendar below) |  |
| **Showcase**  What will the intended showcase look like?  How, when, where and to whom will it be presented? |  |
| **Total Estimated Budget**  Please provide a breakdown in your attached Budget Sheet (Annex B) | |
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| **Weekly Milestones**  In the calendar below, please fill in your plans and the monthly milestones you aim to achieve during the Residency period. Tell us briefly how you will track your progress, in terms of the development of the artistic project, the engagement of the community, as well as your own artistic ideas, practice, and capability. What methods will you use to document and/or measure these? | |
| **Week** |  |
| **Week** |  |
| **Week** |  |
| **Week** |  |

**SECTION 4**

**Checklist**

To ensure that your application gets a thorough and fair assessment, please ensure that you have attached the following documents to this form:

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| --- | --- |
| CVs of artist/all artists involved |  |
| Two samples of past work by the artist/collective.  These must be created in the last two years. Clearly label the samples with your name.  **OR**  Provide a link to your online portfolio: |  |
| Budget Form (Annex B) |  |
| Additional supporting documents (if applicable e.g. to elaborate on proposal) |  |

**Declaration**

|  |  |
| --- | --- |
| *Please sign and date the Declaration below.* ***Unsigned applications will not be accepted.*** *If the applicant is a collective, the declaration must be read and signed by the Primary Applicant of the collective. If you are submitting your application form in soft copy, please type your name in the Signature field. It shall be taken as a signature.*  Declaration  I, the undersigned:   1. Certify that all information submitted is accurate and complete. 2. Agree to let Singapore Botanic Gardens use this information for the purpose of assessment, which includes making the information available to assessment panellists. | |
| **Signature** |  |
| **Name** |  |
| **Date** |  |