**ART FORM COMMITTEE APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact details | | | | | | | | | | | | | |
| First name | |  | | | Last name | | |  | | | | | |
| Preferred salutation | | Dr/ Mrs/ Miss/ Mr/ Ms | | | Post nominal (if any) | | |  | | | | | |
| Street address | |  | | | | | | | | NSW | 2….. | | |
| Postal address (if different) | |  | | | | | | | | | | | |
| Tel (BH) |  | ❑ | Tel (AH) |  | | ❑ | Mobile | |  | | | | ❑ |
| Email | |  | | | | | | | | | | ❑ | |
| *Please also indicate your preferred contact by ticking box adjacent.* | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| Personal details | | | |
| Please describe your reasons for applying to be a community advisor on a PP&VA art form committee | | | |
|  | | | |
| Which committee are you interested in joining? | | | |
| Visual arts | ❑ | Performing arts | ❑ |
| PP&VA seeks to ensure diverse skills sets across its Community Advisors - please indicate your professional skills, art form interest areas or expertise that you would bring to the Committee: | | | |

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| Legal | ❑ | Business | ❑ | Management | ❑ | Accountancy/Finance | ❑ | Fundraising/Development | | ❑ |
| HR | ❑ | Government | ❑ | Arts practice | ❑ | Arts management | ❑ | Education | | ❑ |
| IT | ❑ | Marketing | ❑ | Planning | ❑ | Policy | ❑ | Infrastructure | | ❑ |
| Retail | ❑ | Medical | ❑ | Governance | ❑ | Social services | ❑ | Other |  | |

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| Arts Programming | | | | ❑ | Arts Practice | | ❑ | Arts Management | | | ❑ | Public Programs | ❑ | |
| Education | | ❑ | Community Arts | | | ❑ | | Collection / Heritage Management | | | ❑ | Audience Development | ❑ | |
| Please expand on your key areas of expertise in the space provided | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please provide details of any previous Committee memberships and experience | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please provide details of two referees | | | | | | | | | | | | | |
| 1.Name: |  | | | | | | | | 2. Name: |  | | | |
| Email: |  | | | | | | | | Email: |  | | | |
| Tel: |  | | | | | | | | Tel: |  | | | |
| Thank you for your interest in our organisation. | | | | | | | | | | | | | |