Boyd Studios - New Licence Application Form Studio 3 2026

Form Preview

Expression of Interest

Before you begin:

This is an application for a Creative Spaces Licence. Please ensure you fill out all fields for your application to be considered.

It is a requirement that you have attended a Creative Spaces walkthrough of the building prior to filling out this form.

Below is an outline of the attachments and uploads required to complete your application:

- Current CV related to your creative practice
- A minimum of 3 and up to 6 images of your work
- Supporting material (such as articles, catalogues, audio or video files).
- Two reference letters (can be supplied later, however must be received before application can progress).

Please ensure you have read and reviewed the:

- Guidelines
- Code of Conduct

Application support

Artists who have specific needs or require additional support to complete and submit an application (which could involve using an alternative format) can seek assistance in the following ways:

Deaf and Disabled artists

Applicants can contact Arts Access Victoria (AAV) for resources and support. Contact info@artsaccess.com.au or phone (03) 8640 6001.

If you are deaf, hearing-impaired, or speech-impaired, contact us via the National Relay Service 133 677 (ask for 03 9658 9658) or email creativespaces@melbourne.vic.gov.au

Artists from culturally diverse backgrounds Applicants can contact Multicultural Arts Victoria (MAV) for resources and support. Contact office@multiculturalarts.com.au

Our multilingual information telephone service provides access to translators and information in different languages.

Technical assistance

Refer to the SmartyGrants Help Guide for technical assistance. The SmartyGrants support desk is open 9am - 5pm Monday to Friday. Contact service@smartygrants.com.au or 03 9320 6888.

Please contact creativespaces@melbourne.vic.gov.au or on 03 9658 9893 with any concerns or queries you may have regarding the application process.

Applicant Details

* indicates a required field

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

This person will be listed as the primary licensee

Pronouns
○ She/her
○ He/him
○ They/them
○ Self Described
○ Prefer not to say
This person will be listed as the primary licensee

If sharing, please indicate if you are the primary contact person
○ I am the primary contact person for administrative purposes
Only one person entering a shared studio should tick this box

Are you applying as group?
☐ Yes
☐ No

Pronouns
○ She/her ○ He/him ○ They/them ○ Perfer not to say ○ Other:

Do you share the same art practice?
☐ Yes
☐ No

Please list the names of the artists who will share the space.

Artists with different art practices that wish to share the one space, please each submit a separate application form.

Application trading name

Applicant Trading Name (if applicable)

Applicant ABN (if applicable)

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.

Applicant Postal Address *

Address

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

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Website (optional)

I confirm that I am over the age of 18 years *

○ Yes

Applicants must be over the age of 18 to qualify for a studio

Do you identify as Aboriginal and/or Torres Strait Islander?

○ Yes
○ No

Does your business identify as an Aboriginal and/or Torres Strait Islander owned business?

○ Yes

○ No

Studio Selection & Creative Evaluation

* indicates a required field

Studio number you wish to occupy:

Studio Number *

1.3

Your Creative Practice: 40%

Would you describe yourself as *

☐ An emerging artist / creative practitioner / organisation
☐ A mid-career artist / creative practitioner / arts organisation
☐ An established artist / creative practitioner or an established arts organisation
☐ Other:

Provide a brief overview of your creative organisation or creative practice: 200 words max. *

Word count:
Must be no more than 200 words.

Describe how your practice / organisation / business will use the space: 200 words max. *

Word count:
Must be no more than 200 words.

Provide details of any awards and/or significant achievements *

What types of tools/equipment do you use in your practice? *

Does your work involve the use of dangerous goods or hazardous substances?

○ Yes
○ No

Please attach your procedure for the management of dangerous goods.
Attach a file:

Will you be using Aboriginal or Torres Strait Islander stories or cultural material that is not your own?
☐ Yes
☐ No

Please provide evidence of community consultation and cultural permissions.

Community and Sector Engagement: 40%

Describe the communities, groups, and audiences you currently engage with, and how your practice connects or collaborates with the wider creative sector. *

If awarded Boyd Studio 3 in Southbank, which communities or audiences would you expect your practice to benefit? *

Financial Capacity: 20%

How much rent do you currently pay per annum? *

Must be a number.

Please provide details of your financial capacity to commit to the licence. *

Revenue streams, income against costs, grants and funding etc

Studio History

Have you had a studio previously? *
○ Yes
○ No

Where was your previous studio space and what was your reason for leaving?

How often do you intend to use the space at Boyd School Studios? *

Licensees are expected to use the studio 2-3 times a week.

How many people/bodies will be occupying the studio at the same time? *

Access requirements

Do you have any access requirements we should know about? *

- ○ Yes
- ○ No

Please tell us your access requirements below:

Examples of your work

You can provide either a webpage link to your most recent works (can be social media or webpage) or alternatively upload files of up to 6 works below.

If applying as a group, please provide examples from all parties.

Link(s) to your work online

Attach up to six files of your work, upload file(s) *

Attach a file:

A minimum of 1 file must be attached.
Tip: You can select multiple files from the same folder on your computer to upload them at the same time.

Upload file(s) *

Attach a file:

Upload file(s) *

Attach a file:

Upload files(s) *
Attach a file:

Upload file(s) *
Attach a file:

Upload file(s) *
Attach a file:

References and CV

First reference letter *
Attach a file:

Second reference letter *
Attach a file:

Please attach a current CV that outlines any qualifications or work experience related to your creative practice *
Attach a file:

Advocating for the Creative Spaces Program

How will you advocate for the Creative Spaces program? (select all options that apply)
☐ Tag Creative Spaces in social media posts
☐ Mention Creative Spaces or my studio in my social media bios
☐ Acknowledge Creative Spaces or my studio on my website
☐ Mention my studio or Creative Spaces as part of a media article/interview
☐ Include the Creative Spaces program acknowledgement and/or logo on either event materials, an artwork description or elsewhere
☐ Other:

Data Collection & Submission

* indicates a required field

What age are you? *

☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65+
☐ Prefer not to Say

How do you identify? *
☐ Female
☐ Male
☐ Non-binary
☐ Prefer not to say

Please indicate if you identify with one or more of the following groups:
☐ Aboriginal or Torres Strait Islander
☐ Culturally and Linguistically Diverse
☐ Living with a disability
☐ From regional or remote communities
☐ LGBTQI+
☐ Prefer not to say

Why are you interested in a Creative Spaces studio? (tick all that apply)
☐ Access to the city
☐ Location
☐ Affordability
☐ Connection to other artists
☐ Security
☐ Council-run facility
☐ Reputation of good management
☐ Other:

How did you find out about our studios? *
☐ creativespaces.net.au
☐ Word of mouth
☐ Social media
☐ Other:

Submit your application

By ticking this box, I abide by the terms above and confirm that all my information is true and correct *
○ I agree

I confirm that I have completed a site visit (or designated a proxy). *
☐

I have read the guidelines and agree to the key licence inclusions. *
☐