

Collins Street Studios Application Form (Studios)

Form Preview

Expression of Interest

Before you begin:

This is an expression of interest for a [Creative Spaces](#) Licence. Please ensure you fill out all fields for your application to be considered.

Each applicant must complete and submit all sections of the form.

You must visit the space before submitting an application.

Site visits to inspect the Premises (30 minutes duration) are available by appointment.

To organise a viewing, please email creativespaces@melbourne.vic.gov.au with what your business/art practice is and what studio/office you are interested in.

If you are unable to attend a site visit you may designate a proxy or contact [Creative Spaces](#).

Please ensure you have read and viewed the guidelines and floorplan.

- [Collins Street Studios Floorplan](#)
- [Guidelines](#)
- [Code of Conduct](#)

Successful applicants will enter into a licence agreement outlining obligations and terms and conditions.

Below is a brief outline of the attachments and uploads needed to complete this form:

- Your 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

Creatives 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

Collins Street Studios Application Form (Studios)

Form Preview

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

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)

Collins Street Studios Application Form (Studios)

Form Preview

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

Collins Street Studios Application Form (Studios)

Form Preview

☐ No

Studio Selection & Creative Evaluation

* indicates a required field

Preference the studio you wish to occupy

[Refer to floorplan](#)

List one or more spaces to occupy in order of preference.

Only note the studios you intend on occupying.

Please note, studios that are 7m2 in size are suitable for 1 person.

Studio 13 10m2**Studio 14** 10m2

Studio Number (First Preference) *

Studio Number (Second Preference)

Studio Number (Third Preference)

Additional information:

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. *

Collins Street Studios Application Form (Studios)

Form Preview

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.

Creative Sector Engagement: 40%

How does your practice engage with the wider creative sector? 200 words max. *

Word count:

Must be no more than 200 words.

Who uses and/or benefits from your business and/or art practice? *

Collins Street Studios Application Form (Studios)

Form Preview

Why is your practice / service / business a great addition to the City of Melbourne's creative industry? *

Why are you interested in working in the CBD? *

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 Collins Street 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

Collins Street Studios Application Form (Studios)

Form Preview

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:

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:

Collins Street Studios Application Form (Studios)

Form Preview

Second reference letter *

Attach a file:

Please attach a current CV that outlines any relevant qualifications and or work experience. *

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 group do you fit in? *

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

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

Collins Street Studios Application Form (Studios)

Form Preview

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 acknowledge that this Expression of Interest is for a Licence commencing in 2024. *

☐

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

☐