

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 on the following dates:

To organize a viewing, please email creativespaces@melbourne.vic.gov.au outlining what your business/art practice is and what studio 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 Studio Floorplan](#)
- [Guidelines](#)

A licence agreement will be provided approximately 1-2 weeks before commencement.

Application support

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

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 7267 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

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 office should tick this box

Organisation profile or structure

☐ Australian public company ☐ Charitable fund ☐ Company ACN ☐ Cooperative ☐ Incorporated association ☐ Partnership ☐ School ☐ Sole trader ☐ Employing Sole trader ☐ Franchises ☐ Not-for-profit organisations

Other

Applicant Position

Trading Name (if applicable)

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	

Office 2 | Collins Street Studios

Form Preview

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

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

Do you have any access requirements we should know about?

- ☐ Yes
☐ No

Please describe your access requirements so we can best serve you:

Expression of Interest

* indicates a required field

Please select the office you are interested in occupying:

[Refer to Floorplan](#)

- ☐ Office 2 (165m2)
☐

Experience and Outcomes 40%

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.

Describe your experience in delivering on your vision or mission to date. 200 words max *

Word count:
Must be no more than 200 words.

Please provide details on your capacity to deliver your vision or mission into the future including your resources, industry partnerships and any other sources that will support your work: 200 words max *

Creative Sector and Local Engagement 40%

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

Word count:
Must be no more than 200 words.

Provide details of any awards and/or significant achievements. *

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

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

Number of current staff

Must be a number.

How many people will be working from Collins Street Studios at any one time?

Must be a number.

If known, how many square meters is your current space?

Must be a number.

Are you a funding recipient from City of Melbourne / State Government / Federal Government or agencies?

- ☐ Yes
☐ No

Funding information:

Organisational Compliance 20%

Does your organisation have an OHS policy? *

- ☐ Yes

☐ No

Please attach a copy of your OHS policy. *

Attach a file:

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:

Does your business or practice involve working with children? *

☐ Yes

☐ No

Please provide a copy of your Working with Children Check. *

Attach a file:

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

Office 2 | Collins Street Studios

Form Preview

- ☐ 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:

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) *

☐

In line with the Head Lease, Licence fees will increase on 1 May each year, commencing in 2024. I acknowledge that the Licence fee will increase on 1 May 2024. *

☐

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

☐

How did you hear about this opportunity? *

☐ Creative Spaces mailing list ☐ Advertisement on Facebook ☐ Artshub (email)

☐ Creative Spaces website ☐ Creative Spaces Twitter ☐ Word of mouth

☐ Creative Spaces Instagram ☐ Creative Spaces LinkedIn ☐ Google search

☐ Advertisement on ☐ City of Melbourne website ☐ Other:

Instagram

☐ Creative Spaces Facebook ☐ Social Media (other than Creative Spaces or City of Melbourne)