

2025 Kensington Town Hall experimental film/video residency application form

Form Preview

Information and eligibility

* indicates a required field

This residency provides an opportunity for experimental film and video artists to develop and advance their creative practice for a duration of 10 months in a shared studio at Kensington Town Hall. An artist fee of \$2,000 is provided.

Applicants are advised to read the [Guidelines](#) thoroughly before proceeding with an application.

If you need an accessible application format such as audio or video, please get in touch.

Applicants who are d/Deaf, disabled, neurodiverse or chronically ill can contact Will Box for application support on 0481 099 439 or email will.box@melbourne.vic.gov.au

Aboriginal artists and artists from multicultural communities can contact Laura Johnston for application support on 0411 776 324 or email laura.johnston@melbourne.vic.gov.au

Eligibility

In submitting my application, I agree to have complied with the following:

- I have read and understood the guidelines and my proposal complies with the application requirements, conditions and eligibility.
- Only one application may be submitted
- My application will not be accepted if it is not submitted by the stated close date through SmartyGrants or does not have all the required materials.
- I have no overdue acquittals or debts to the City of Melbourne.
- I understand that the residency dates are from mid-April 2025 to 28 February 2026.
- I or the activities proposed in this application do not denigrate, exclude or offend parts of the community or breach Commonwealth and State anti-vilification laws.

Do you comply with the above eligibility? *

- ☐ Yes
- ☐ No. You are not eligible to submit an application.

About the applicant

* indicates a required field

Applicant *

First Name

Last Name

Street address

Address

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Must be a street address

Phone number *

Must be an Australian phone number.

Email *

Key contact name (if different to above)

First Name

Last Name

Key contact phone number (if different to above)

Must be an Australian phone number.

Key contact email (if different to above)

Which age group do you belong to? *

- | | |
|--------------------------------------|-----------------------------------|
| <input type="radio"/> Under 24 years | <input type="radio"/> 45-54 years |
| <input type="radio"/> 25-34 years | <input type="radio"/> 55-64 years |
| <input type="radio"/> 35-44 years | <input type="radio"/> 65+ years |

What career stage do you identify with? *

- ☐ Emerging
☐ Mid-career
☐ Established

How do you describe your gender? *

- | | | | | |
|-----------------------------|---------------------------|--|---|--|
| <input type="radio"/> Woman | <input type="radio"/> Man | <input type="radio"/> Non-binary/
gender
diverse | <input type="radio"/> I use a
different
term
(please
specify) | <input type="radio"/> Prefer
not to say |
|-----------------------------|---------------------------|--|---|--|

Gender description *

Do you identify as Aboriginal or Torres Strait Islander? *

- ☐ Yes ☐ No

Is this the first time you have applied for a City of Melbourne arts grant? *

- ☐ Yes ☐ No

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Have you previously received a City of Melbourne arts grant? *

☐ Yes

☐ No

Are you a d/Deaf, disabled, neurodiverse or chronically ill artist? *

☐ Yes

☐ No

Proposal

* indicates a required field

Summarise in 50 words or less what you propose to do during the residency.

Word count:

Must be no more than 50 words.

Tell us about your arts practice and what you propose to work on during the residency *

Word count:

Must be no more than 500 words.

If you are collaborating with other artists during the residency list them here

Number of artists involved in the residency *

Must be a number.

To the best of your knowledge, will the residency involve artists from any of the following groups? *

☐ Emerging
☐ LGBTQIA+

☐ Multicultural communities
☐ d/Deaf, disabled, neurodiverse and chronically ill

☐ Aboriginal and Torres Strait Islander

☐ None of the above

Will you be using Aboriginal or Torres Strait Islander stories or cultural material that is not your own?

☐ No

☐ Yes. You must provide evidence of community consultation and appropriate cultural permissions in your application.

What is your primary practice

☐ Film ☐ Video ☐ Multi-media
Other

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Access requirements

* indicates a required field

In addition to the grant request, an amount of up to \$2,000 will be considered for specific access costs to help reduce barriers for d/Deaf, disabled, neurodiverse and chronically ill artists/arts workers involved in the residency. Access costs must specifically support the artist (costs such as transport, support worker, carer, interpreting).

Do you require access costs to undertake the residency? *

- ☐ Yes
☐ No

Access costs requested amount (up to \$2,000) *

\$

Describe what the access funds will be used for *

Support material

Artistic support material is an important part of an application and assists the assessment panel in understanding your project and creative practice. Applicants are encouraged to submit quality support material that is relevant and strengthens the project proposal.

- Make it easy for assessors to view your attachments and URLs
- File names should give an indication of the content
- We do not accept wixsite.com URLs
- Attachments must be in a format compatible with Microsoft Office 2016/365, Adobe Acrobat Reader version 23, Microsoft Internet Edge version 111, and Microsoft Windows Media Player version 12

Support material you must include in this section:

- artistic CV summaries for key artists
- examples of current, proposed or past video works (up to 15mins of content)

Optional support material:

- peer/industry support letter (up to three consolidated into one file)
- timeline

Applicant website

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Must be a URL.

Essential support material includes artistic CV and examples of your arts practice.

Support material description **Attach a document** **or a direct page link to a URL** **Password if applicable**

		Must be a URL.	

Applicant experience

* indicates a required field

How did you hear about the residency? *

- ☐ City of Melbourne website
- ☐ City of Melbourne Instagram
- ☐ Email
- ☐ I'm a previous applicant / recipient
- ☐ City of Melbourne Twitter
- ☐ Word of mouth / referral
- ☐ Social media (other than City of Melbourne)
- ☐ Internet search / Google
- ☐ Other:
- ☐ City of Melbourne Facebook
- ☐ Arts Hub

Select the types of contact you made with Council for this proposal *

- ☐ Email correspondence
- ☐ Phone call
- ☐ I didn't make any contact with Council

Sign up to get updates on our upcoming grant rounds [here](#).

We welcome feedback on any aspect of the arts grants program and how we might improve our service to you.

Applicant declaration

* indicates a required field

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- I understand that all information provided in this application is securely stored by SmartyGrants and City of Melbourne. Any personal information will be disclosed to assessment panel members for the purpose of assessing my application. It will not be disclosed to any other external party without my consent, unless required or authorised by law. Refer to the City of Melbourne [Privacy Policy](#).
- I give the City of Melbourne a non-exclusive licence to reproduce and communicate the support material in which I have intellectual property rights for the sole purpose of assessing my application.
- I have sought and received a non-exclusive licence from the owners of any intellectual property rights in the support material for this application to the City of Melbourne, to reproduce and communicate the support material for the sole purpose of assessment of the application.
- I understand that assessment decisions are final.
- I consent to Council publishing the successful applicants on the City of Melbourne website.
- I understand that If this application is approved I must provide an ABN (Australian Business Number) or meet the Australian Taxation Office requirements.
- I consent to the media being given information about the funded project if my application is successful and acknowledge that I may be contacted directly by them.

I agree to the above statements and confirm that the information contained in this application is true and accurate to the best of my knowledge. *

☐ Yes

Review and submit

Click 'review and submit' in the navigation menu to review your application for any corrections that must be made before you can submit your application.

You can download a PDF of the application at any time by clicking 'download' on the last page of the application form.

Contact [SmartyGrants](#) for technical assistance with this form or refer to the SmartyGrants [help guide](#).