

## Your Details

\* indicates a required field

**Name \***

First Name

Last Name

**Pronouns**

**Postal address \***

Address

Suburb State Postcode

**Age \***

**Telephone \***

**Mobile \***

**Email \***

**Are you applying as a collective or collaborative duo? \***

- Individual artist
- Artist group / collective
- Collaborative duo
- Other:

**What are the names of your collaborators?**

**Are you available to attend the Lab Induction on 13 and 14 November at Signal? \***

- Yes
- No

**Creative Development Residency**

# Young Creatives Lab 2025

## Form Preview

Please rank the creative development residency dates in order of your preference, from 1 - 4.

The available dates are:

4 February - 14 February 2025

25 February - 7 March 2025

18 March - 28 March 2025

20 May - 30 May 2025

**First Preference \***

**Second Preference \***

**Third Preference \***

**Fourth Preference \***

## Your Project

\* indicates a required field

**What is your project idea? \***

Word count:

(400 words recommended)

**Artform / discipline (Please tick most dominant - only one category can be selected) \***

Visual Art / Craft

Dance

Music

Literature

Design

Digital / New Media

Film

Textiles / Fashion

Other:

Theatre / Live Art

**How will you use the Creative Development Residency at Signal? \***

# Young Creatives Lab 2025

## Form Preview

Word count:

(400 words recommended)

**Please let us know if you have any access requirements. Additional funding is available to all Young Creatives Lab participants to cover access costs, e.g. interpreters, support workers, captioning, transport, access equipment, etc.**

You do not need to include these costs in your project budget.

**If you are successful is there a particular mentor you would like to work with?**

If so, who? They do not have to be confirmed.

**Has this idea ever been presented to the public before? \***

Yes

No

**If yes, where?**

**Does this project form part of an accredited course of study e.g. university degree or TAFE qualification? \***

Yes

No

**Support Material (no hard copies will be accepted)**

Please provide a maximum of three links to support material for this project, or projects you have worked on previously (eg website, flickr, You Tube) and/ or 3 x documents 5MB or less each. These can be images, pdf documents or support letters.

**URL 1**

Must be a valid URL

**URL 2**

Must be a valid URL

**URL 3**

Must be a valid URL

**Please upload no more than 3 files in total**

Attach a file:

# Young Creatives Lab 2025

## Form Preview

A maximum of 3 files may be attached.

### Estimated Budget

\* indicates a required field

#### Project Team Fees

Please detail each team member's name, their role in the project, hourly rate and the number of hours they expect to work (include planning, preparation and outcome). Total fee should be detailed in column 4.

N.B. You do not need to include access costs in your estimated project budget. Additional budget is provided for access.

Artist Name	Role	Rate and Hours	Amount
E.g. Jo Lilley	Writer	5 hrs @ \$45 p hr	\$225
			\$225
			\$225
			\$225
			\$225

#### Supplies, Materials & Specialist Equipment

Please itemise any art materials or supplies and any specialist equipment you may require. Please refer to the [Signal Spaces and Equipment](#) list before completing this section. Please list any items from the Signal equipment list as "in kind" with a "0" dollar amount.

N.B. You do not need to include access costs in your estimated project budget. Additional budget is provided for access.

Details	Amount
	Must be a dollar amount
E.g. SIGNAL Soundcraft FX16ii Mixing Desk (in kind)	\$0
	\$0
	\$0
	\$0
	\$0

**TOTAL \***

\$

Must be between \$5000 and \$8000

### Data Collection

\* indicates a required field

# Young Creatives Lab 2025

## Form Preview

**The following information is collected purely for the purpose of evaluating and improving our understanding of the Young Creatives Lab program.**

**Do you belong to any of the following groups? (please tick as many as applicable)**

\*

- Aboriginal and Torres Strait Islander
- Culturally and linguistically diverse
- People living with a disability
- People from regional or remote communities
- Gay, Lesbian, Bisexual, Transgender, Intersex, Non-binary
- Other:

**Would you like to tell us your gender?**

- Non-binary
- Female
- Male
- Prefer not to say

**How did you find out about the Young Creatives Lab? \***

- Signal Website
- Facebook
- Instagram
- Signal Newsletter
- Arts Hub
- Signal Staff
- Word of Mouth
- Other:

## Acknowledgement

\* indicates a required field

I, the undersigned, certify that I have read the [Young Creatives Lab Guidelines](#) and am familiar with the information relevant to my Expression of Interest.

### Disclaimer

The Council reserves the right to alter, cancel or abandon any or all aspects of the Program without notice and in its absolute discretion. Council does not accept responsibility for any loss or damage, however caused (including through negligence), which a Participant may directly or indirectly suffer in connection with their participation in the Program, nor does the Council accept any responsibility for any such loss arising out of a Participant's use of or reliance on information contained in the EOI document.

### Indemnity

The Participant agrees to indemnify and to keep indemnified the Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed

# Young Creatives Lab 2025

## Form Preview

against them, or any of them, arising from the Participant's participation in the EOI process and the Program.

### Privacy Policy

*The Council is committed to protecting your privacy. The personal information requested on this form is being collected by Council for the purpose of the Program or any other directly related purpose. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, the participant will not be allowed to submit their EOI application.*

**I agree**

Yes

**Name of authorised person \***

First Name

Last Name

**Date \***

Must be a date