Young Creatives Lab 2025 Form Preview

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

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	order of your preference	e development residency dates in e, from 1 - 4.
	The available dates are:	
	4 February - 14 Februar	y 2025
	25 February – 7 March 2	2025
	18 March - 28 March 20	25
	20 May - 30 May 2025	
First Preference *		
Second Preference *		
Third Preference *		
Fourth Preference *		
Your Project		
* indicates a required field		
malcates a required held		
What is your project idea?	*	
Word count: (400 words recommended)		
Artform / discipline (Please selected) *	e tick most dominant - on	ly one category can be
○ Visual Art / Craft	LiteratureDesign	○ Film
DanceMusic	DesignDigital / New Media	Textiles / FashionOther:
○ Theatre / Live Art		
How will you use the Creat	ive Develonment Resider	ncv at Signal? *

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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 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? * O 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 y have worked on previously (eg website, flickr, You Tube) and/ or 3 x documents 5MB or leach. 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 then 3 flies in total

Attach a file:

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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 <u>Signal Spaces and Equipment</u> 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

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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	y of the following groups? (please tick as many as applicable)
		istically diverse
0 0	Non-binary Female Male Prefer not to say	ll us your gender?
	w did you find out Signal Website Facebook Instagram Signal Newsletter Arts Hub Signal Staff Word of Mouth Other:	t about the Young Creatives Lab? *

Acknowledgement

* indicates a required field

I, the undersigned, certify that I have read the <u>Young Creatives Lab Guidelines</u> 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

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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.

l agree	○ Yes	
Name of authorised	First Name	Last Name
person *		
Date *		
Date	March In a selection	
	Must be a date	