

Memorial to workers who have died at work commission

Form Preview

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Thank you for your interest in this commission.

The City of Melbourne, Victorian Trades Hall Council and the Victorian Government are partnering to commission a Memorial to workers who have died at work (Memorial).

Please ensure you have read the Artist Expression of Interest [Application Guidelines](#) on the City of Melbourne website before you complete this form.

Artist selection process

City of Melbourne invites artists (individuals or teams), locally, nationally or internationally, to submit an Expression of Interest for the development of a permanent Memorial to workers who have died at work in central Melbourne.

The Memorial will be commissioned through a two-stage process:

- 1.Stage one: Expressions of Interest** Opens Tuesday 20 August 2024Closes Monday 30 September 2024.
- 2.Stage two: Concept design**Three to five shortlisted artists (or teams) will develop their final artwork proposals in consultation with the Memorial Working Group and selected stakeholders.

Artists must be available to attend a Workshop intensive in Melbourne in person during November (dates TBC).

Applicant details

* indicates a required field

Personal details

Applicant

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pronouns

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

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Email *

Must be an email address

Phone or mobile number *

Please include country code if applicable

Career stage

Please indicate the current stage of your artistic practice. *

- ☐ Emerging or early career
- ☐ Professional
- ☐ Established
- ☐ Other:

Application

* indicates a required field

Artist biography

Please provide a short artist biography *

Link to supporting material (if applicable)

Must be a URL.

Link to artist's website, portfolio, etc.

Artist CV

Upload your Artist CV *

Attach a file:

Please upload a PDF or Word document

Link to an audio or video file

Must be a URL.

Upload OR provide a link to a maximum of 6 images of recent work

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Upload a file

Attach a file:

minimum 300dpi

Link to images

Password

Must be a URL.	Please provide password if applicable

Application format options

We want you to apply in the format that is easiest for you.

Responses to the three (3) questions below* can be submitted in the following ways:

- **written text responses in this SmartyGrants form**
- **a video file upload or link**
- **an audio file upload or link**

**Please note this option only applies to the following questions:*

- 1.What do you find inspiring about this Memorial to workers who have died at work commission?
- 2.How would you approach this commission through your creative practice?
- 3.How would you approach consultations and relationships on such a sensitive topic?

Questions regarding contact details and data do not have the option for a file upload.

Select preferred question format *

- ☐ Text
- ☐ Video/audio file upload

Application - text option

** indicates a required field*

Response to questions – text option

1. What do you find inspiring about this Memorial to workers who have died at work commission? *

Word count:

Must be no more than 200 words.

2. How would you approach this commission through your creative practice? *

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Word count:

Must be no more than 200 words.

3. How would you approach consultations and relationships on such a sensitive topic? *

Word count:

Must be no more than 200 words.

Application - video/audio file option

Response to questions – upload OR provide a link to an audio or video file

Upload a file **or** provide a link to a single audio or video file responding to all of the following questions:

1. **What do you find inspiring about this Memorial to workers who have died at work commission?**
2. **How would you approach this commission through your creative practice?**
3. **How would you approach consultations and relationships on such a sensitive topic?**

Please keep your verbal responses to approximately 200 words per question and no more than 4 minutes.

Upload an audio or video file

Attach a file:

Link to a single audio or video file in response to the questions above

must be a URL

Password - if applicable

Please provide password if applicable

Additional information

* indicates a required field

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City of Melbourne funding disclosure

Are you currently receiving funding or financial support from another City of Melbourne program *

Yes
No

If yes, which program are you receiving funding from?

Demographic information

The following information is collected for the purpose of evaluating and improving our programs.

The responses you give to these questions have no bearing on the outcome of your application.

To what gender identity do you most identify? *

- ☐ Female
- ☐ Male
- ☐ Transgender male
- ☐ Transgender female
- ☐ Gender variant / non-conforming
- ☐ Prefer not to answer

Which age bracket do you belong to? *

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 55
- ☐ 56 - 64
- ☐ 65+

Does anyone in your project group identify as: *

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Culturally and linguistically diverse (CALD)
- ☐ A person living with a disability
- ☐ A person from regional or remote communities
- ☐ LGBTQI - Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
- ☐ None of the above
- ☐ Other:

Marketing and feedback

How did you find out about this opportunity? *

☐ City of Melbourne Website
☐ Public Art Melbourne Instagram

☐ Public Art Melbourne e-news

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- | | | |
|--|---|--|
| <input type="checkbox"/> Arts Hub | <input type="checkbox"/> Other social media | <input type="checkbox"/> Word of mouth / Referral |
| <input type="checkbox"/> Public Art Melbourne Facebook | <input type="checkbox"/> Internet search / Google | <input type="checkbox"/> Other: <input type="text"/> |

Do you have any feedback about this EOI process?

Checklist and Agreement

* indicates a required field

Checklist

*

- ☐ I have read the Memorial to workers who have died at work Artist EOI Guidelines document
- ☐ I have submitted my artist bio
- ☐ I have submitted my CV
- ☐ I have provided examples of my work
- ☐ I have submitted a response the three EOI questions
- ☐ If shortlisted, I am available to attend the Workshop intensive to be held in person and in Melbourne during November 2024 (Dates TBA)
- ☐ If shortlisted, I am able to develop a concept proposal between November 2024 and January 2025

Agreement

I, the undersigned, certify that I have read the Memorial to workers who have died at work Artist EOI Guidelines, and I am familiar with the information relevant to my application.

Disclaimer

The City of Melbourne (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 Council accept any responsibility for any such loss arising out of a Participant's use of or reliance on information contained in Memorial to workers who have died at work Artist EOI.

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 against them, or any of them, arising from the Participant's participation in the Memorial to workers who have died at work Artist EOI.

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 Memorial to Workers who

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have died at work Artist EOI 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 application.

I agree * ☐ Yes

Name of authorised person *	Title	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *