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| **TRADITIONAL ARTS RESIDENCY AT STAMFORD ARTS CENTRE APPLICATION FORM** |

This application form is in 5 sections:

* Section 1: Applicant’s details
* Section 2: Artistic objectives
* Section 3: Residency proposal – please attach supporting materials (if any)
  + Outline of proposed project and showcase
  + Estimated budget – please attach the Budget Form (Annex 2)
  + Progress tracking calendar for monthly goals
* Section 4: Interlocutor
* Section 5: Checklist and Declaration

Please fill in all parts of this form and submit it with the required documents, including CV(s) of all artists involved (including collaborators) and two samples of past work/your online portfolio. Word limits are intended as a guide. Late or incomplete applications will not be accepted.

If you have any queries, please contact Valerie Teo at [Valerie\_TEO@nac.gov.sg](mailto:Valerie_TEO@nac.gov.sg)

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| **SUBMISSION** |

Please complete the Application Form **(Annex 1)** and Budget Form **(Annex 2)** andemail them with the necessary supporting materials attached to Valerie\_TEO@nac.gov.sg. Indicate “NAC Traditional Arts Residency: [Your Name]” in the subject line. Please note that we will only accept applications submitted through email, hardcopy applications will not be accepted.

All applications must be submitted by **2359h, 31 January 2022**. You can submit your applications early, in advance of the application window. Incomplete and/or late applications will not be considered.

**SECTION 1**

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| **Applicant’s Details** (please fill in relevant sections) | | | | | |
| **Type of Application** | | | | | |
| Type | | Individual  Collective (up to four members) | | | |
| Art Form/s  *(You may select more than one art-form)* | | Dance  Music  Theatre  Literary Arts  Others, pls specify: Click or tap here to enter text. | | | |
| Residency Period  (16 weeks)  (*to be within 1 April 2022- 30 September 2022*) | | Start: | | Click or tap to enter a date. | |
| End: | | Click or tap to enter a date. | |
| **For Individuals** | | | | | |
| Name of Individual(as in NRIC)  Salutation Click or tap here to enter text.  Full Name  Click or tap here to enter text. | | | NRIC No.  Click or tap here to enter text. | | |
| Nationality  Click or tap here to enter text. | | |
| Primary Country of Residence  Click or tap here to enter text. | | |
| Occupation  Click or tap here to enter text. | | | Date of Birth  Click or tap to enter a date. | | Sex  Click or tap here to enter text. |
| Address  Click or tap here to enter text. | | | Contact  (H)  (O)  (HP)  Email | | |
| **For Collectives** | | | | | |
| Name of Collective  Formation Date  Name of Primary Contact  Primary Contact’s Role in Group | | | | Mailing Address of Collective    Office Tel  Home Tel  HP  Email | |
| **Artists in the collective (max. 4 members, please indicate Primary Applicant)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S/N | Full Name | Nationality | Country of Residence | Address | Email | Contact Number | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | |
| **Details of collaborators** | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | S/N | Full Name | Nationality | Country of Residence | Organisation/ Arts Groups | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | |
| **Referees’ Contacts**  These referees should be artists who are familiar with your work and practice. | | | | | |
| **1** | **Name** | **Designation** | | **Email** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Relationship to Applicant** | **Organisation (if applicable)** | | **Contact No.** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **2** | **Name** | **Designation** | | **Email / contact no.** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Relationship to Applicant** | **Organisation (if applicable)** | | **Contact No.** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |

**SECTION 2**

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| **Artistic Objectives**  Refer to your attached samples of past work if relevant to any part of this section. |
| **Artist’s Statement** (150 words)  Describe your artistic practice and intent. |
| Click or tap here to enter text. |
| **Capability Development Objectives** (300 words)  What do you wish to gain or learn through this Residency?  Why is the Residency appropriate for you and your artistic practice at this stage of your career?  How will this experience contribute to your practice, skills and immersion in the art form/sector?  What areas of improvement do you think that participating in the Residency may help address? |
| Click or tap here to enter text. |

**SECTION 3**

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| **Residency Proposal**  Please describe a project you hope to develop during your Residency.  Attach textual, visual or digital supporting materials required to illustrate or elaborate on your proposed plans as follows. Refer to your samples of past work if relevant. | |
| **Title/Theme/Concept/Line of inquiry**  What is the title and theme of your work? How does it impact traditional performing arts practice in Singapore? | Click or tap here to enter text. |
| **Artistic Development Process**  How do you plan to explore/ investigate your theme/ concept? | Click or tap here to enter text. |
| **Objectives/Outcomes**  What do you hope to achieve through the proposed work? | Click or tap here to enter text. |
| **Residency Period**  How do you intend to engage with your collaborator/s?  How and when would you use the residency space?  (Elaborate in the Progress Tracking calendar below) | Click or tap here to enter text. |
| **Showcase**  What will the intended showcase look like?  Who are the other performers/ collaborators involved? (please clearly state their roles)  How, when, where and to whom will it be presented? | Click or tap here to enter text. |
| **Total Estimated Budget**  Please provide a breakdown in your attached Budget Sheet (Annex 2)  *The additional budget of up to S$10,000 for art materials, technical requirements, publicity collaterals for the showcase/artwork is subject to approval after the submission of a detailed proposal one month into the Residency.* | |

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| **Monthly Milestones**  In the calendar below, please fill in your plans and the monthly milestones you aim to achieve during the Residency period. Tell us briefly how you will track your progress, in terms of the development of the artistic project, as well as your own artistic ideas, practice, and capability. What methods will you use to document and/or measure these? | |
| **1st Month** | Click or tap here to enter text. |
| **2nd Month** | Click or tap here to enter text. |
| **3rd Month** | Click or tap here to enter text. |
| **4th Month** | Click or tap here to enter text. |

**SECTION 4**

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| **Interlocutor**  National Arts Council (NAC) will select and match a suitable interlocutor with the artist-in-residence. The interlocutor will provide feedback on the development of the project and share an evaluation at the conclusion of the Residency. The artist-in-residence will need to commit to a pre-agreed amount of contact time with the interlocutor during the residency period. | |
| What kind of support from an interlocutor would benefit your project? Please provide examples of names, if relevant. | Click or tap here to enter text. |

**SECTION 5**

**Checklist**

To ensure that your application gets a thorough and fair assessment, please ensure that you have attached the following documents to this form:

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| CVs of artist/all artists involved (including collaborators) |  |
| Two samples of past work by the artist/collective.  These must be created in the last two years. Clearly label the samples with your name.  **OR**  Provide a link to your online portfolio: |  |
| Budget Form (Annex 2) |  |
| Additional supporting documents (if applicable e.g. to elaborate on proposal) |  |

**Declaration**

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| *Please sign and date the Declaration below.* ***Unsigned applications will not be accepted****.*  Declaration  I, the undersigned:   1. Certify that all information submitted is accurate and complete. 2. Agree to let NAC use this information for the purpose of assessment, which includes making the information available to external assessors. I acknowledge that the external assessors will be bound by a Non-Disclosure Agreement. |
| **Signature** Click or tap here to enter text. |
| **Name** Click or tap here to enter text. |
| **Date** Click or tap here to enter text. |