

**TRADITIONAL ARTS RESIDENCY 2024**

**APPLICATION FORM**

***Important: Please read through the 2024 Traditional Arts Residency open call guidelines thoroughly before you begin working on your application form.***

This application form comprises of 4 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 B)
	+ Progress tracking calendar for monthly goals
* Section 4: 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 Deborah Lau at Deborah\_LAU@nac.gov.sg.

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| **SUBMISSION** |

Please complete the Application Form (Annex A) and Budget Form (Annex B) andemail them with the necessary supporting materials attached to Deborah\_LAU@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 **31 January 2024, Wednesday, 11.59pm.** You are encouraged to 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)[ ]  Organisation  |
| Art Form/s *(You may select more than one art-form)*  | [ ]  Dance [ ]  Music [ ]  Theatre [ ]  Literary Arts [ ]  Others, pls specify:  |
| **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. |
| NationalityClick or tap here to enter text. |
| Primary Country of ResidenceClick 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 Organisations**  |
| Name of Organisation Click or tap here to enter text.Organisation Type Click or tap here to enter text.UEN Click or tap here to enter text.Registered As Click or tap here to enter text. | Mailing Address of OrganisationClick or tap here to enter text. |
| Name of Primary Contact Click or tap here to enter text.Primary Contact’s Designation Click or tap here to enter text. | Primary Contact (H)  (O) (HP)  Email  |
| Name of Alternate Contact Click or tap here to enter text.Alternate Contact’s Designation Click or tap here to enter text. | Alternate Contact (H)  (O) (HP)  Email  |
| **For Collectives**  |
| Name of Collective Click or tap here to enter text.Formation Date Click or tap here to enter text. | Mailing Address of CollectiveClick or tap here to enter text. |
| Name of Primary Contact Click or tap here to enter text.Primary Contact’s Role in Collective Click or tap here to enter text. | NRIC No. 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. |
| Primary Contact (H)  (O) (HP)  Email  |
| **Artists in the collective (max. 4 members, please indicate Primary Applicant)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| S/N | Full Name (as in NRIC/FIN)  | Nationality | Country of Residence | Address | Email | Contact Number | Role |
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| **Details of Collaborator(s)** |
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| S/N | Full Name | Nationality | Country of Residence | Organisation/ Arts Groups  |
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| **Referees’ Contacts**These referees should be artists who are familiar with your work and practice. |
| 1 | **Name** | **Designation**  | **Email** |
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| **Relationship to Applicant** | **Organisation (if applicable)** | **Contact No.** |
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| 2 | **Name** | **Designation**  | **Email** |
|  |  |  |
| **Relationship to Applicant** | **Organisation (if applicable)** | **Contact No.** |
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**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 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. Please articulate in detail your plans for both the incubation and work-in-progress showcase. 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. |
| **Project Title** | Click or tap here to enter text. |
| **Theme/Concept/Line of inquiry** What is the theme of your work? How does it potentially impact traditional performing arts practice, industry and audience engagement in Singapore and on a global level? | 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. |
| **Artistic Development Process** How do you plan to explore/ investigate your theme/ concept? What kind of collaborators would you suggest? How will your collaborator(s) be involved in developing the project?  | 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? | Click or tap here to enter text. |
| **Showcase**What will the intended showcase look like? Who are the other performers/ collaborators involved? Please state their role(s) clearly. How, when, where and to whom will it be presented? | Click or tap here to enter text. |
| **Plans for Dissemination** What are your plans for local and/or international dissemination of the work? Who are the potential partners/ producers you intend to reach out to? Who are your target audiences? What are your marketing and publicity plans?  | Click or tap here to enter text. |
| **Total Estimated Budget** Please provide a breakdown in your attached Budget Sheet (Annex B). Total grant support is capped at S$30,000 for all supportable costs, which comprises support of: 1. Up to S$20,000, covering the artist-in-residence and collaborator’s honorarium, research and other relevant costs associated with the residency; and
2. Up to S$10,000 for Project Showcase expenses, which includes honorariums, materials, technical requirements, publicity collaterals and other relevant costs associated with the showcase.
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| **Project Milestones**In the table below, please fill in your plans and the milestones you aim to achieve during the 5-months residency period, from June 2024 to October 2024. 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. |
| **5th Month** | Click or tap here to enter text. |

**SECTION 4**

**Checklist**

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

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| Mandatory | CVs of artist/all artists involved, including collaborators | [ ]  |
| Two samples of past works 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 B) | [ ]  |
| *Optional* | *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****.* DeclarationI, 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.
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| **Signature** Click or tap here to enter text. |
| **Name** Click or tap here to enter text. |
| **Date** Click or tap here to enter text. |