### Artist Professional Development

\* indicates a required field

#### Introduction

Country Arts SA's **Artist Professional Development Program** is managed by Country Arts SA.

Artist Professional Development grants are available to support artists and arts workers to participate in professional development opportunities. These grants provide assistance with costs associated with undertaking professional development opportunities such as workshops, conferences, seminars etc. The grants are fast-turnaround and are intended for those who wish to undertake a time sensitive professional development opportunity.

The following activities are considered professional development opportunities:

- participation in unaccredited courses, residencies, workshops etc;
- mentorships with a professional artist whose practice is suitable to your development;
- attending a conference, masterclass, seminar, performance, exhibition etc;
- work experience, internship or volunteer role;
- the engagement of a professional artist (or artists) to run workshops or deliver a presentation in your community in this instance the grant will be used to cover the travel and accommodation costs of the artist/s that have been engaged, rather than the applicant.

If you are unsure about whether your professional development opportunity is eligible, please speak to a **Country Arts SA team member**.

Artist Professional Development grant monies may only be spent on:

- Professional development costs Fees for courses, workshops, masterclasses, seminars, conferences, shows/performances, mentors etc
- Travel costs Flights, bus, train or tram fares, fuel, taxis (or ride share) fares
- Accommodation
- Meals and incidentals

Travel related grant expenditure cannot exceed the ATO reasonable amounts for travel expenses for the current financial year. Refer to the ATO website for the most up to date information.

Applicants are required to include receipts for expenditure when the grant is acquitted. Click **here** to read the **Guidelines**.

### Applying for a Grant

**Before starting this application**, we encourage you to discuss your application with a **Country Arts SA team member** and read the **guidelines**. This will ensure your application is eligible and will assist you to submit a strong application.

To apply for an Artist Professional Development grant, you must be:

• an individual artist/arts worker over the age of 18 with a sole trader ABN and;

• a permanent resident of regional or remote South Australia, residing in locations classified as MM2-MM7 according to the Modified Monash Model. Use the following web tool to determine your address classification: <a href="https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce">https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce</a> (Addresses must be classified as MM2-7 according to the Modified Monash Model 2019)

Or;

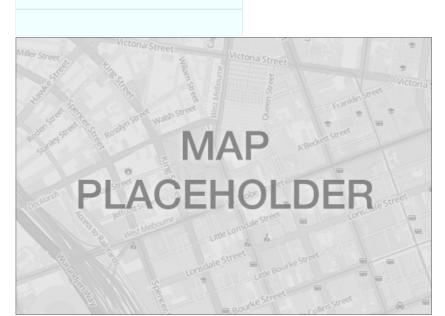
- An Australian incorporated organisation and;
- Actively registered as such on both the Australian Business Register and the Australian Securities and Investment Commission (ASIC) Register.

Applicant's postcode must match that of the ABN.

Have you read the Artist Professional Development Program guidelines? *  ○ Yes  ○ No					
Please save this application and r	ead the <u>Guidelines</u> be	efore continuing.			
Have you discussed this application with a Country Arts SA team member? *	○ Yes	○ No			
Name of Country Arts SA team member *					
Date contacted *					
Must be a date.					
Applicant Details					
* indicates a required field					
Applicant Name *	○ Individual Organisation Name	<ul><li>○ Organisation</li></ul>			
	First Name	Last Name			
	se manne				

Applicant Contact Person *					
<b>Position</b>	*				

### Applicant Primary Address \* Address



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

### **Applicant Primary Phone Number \***

Must be an Australian phone number.

### **Applicant Primary Email \***

Must be an email address.

#### What is your South Australian (state) electorate? \*

If you do not know, please look it up on this website: <a href="https://ecsa.sa.gov.au/map">https://ecsa.sa.gov.au/map</a>

## Applicant MM. Please note applicants from MM1 locations are NOT eligible to apply. \*

Please use this website to find your MM. Select Modified Monash Model 2019 and enter a physical address <a href="https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-

### **Applicant ABN**

Applicant ABN \*

	ian Business Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
☐ Culturally and Linguisti☐ Elderly☐ LGBTQIA☐ A person with a disabil☐ Youth (25 years and ur☐ Would rather not say☐ None of the above☐ Other:	ity	
Select all that apply.		
Public Liability  Does your activity involve the public? *	○ Yes	○ No

### Working with Children

\* indicates a required field

#### **Protocols**

Where a project involves children Country Arts SA requires that applicants provide all necessary police and other background checks, as required by the relevant legislation in the State or Territory in which the activity takes place.

In South Australia legislation requires that applicants adhere to South Australia's Working with Children Protocols.

Arts South Australia has developed a set of **protocols** to address the depiction of children in works, exhibitions and publications for recipients of government funding. These protocols are based on, and are consistent with, the *Children in Art Protocols* developed and applied by Creative Australia, and are intended to apply to grants administered by Arts SA, Carclew and Country Arts SA.

Does your activity (at any speople aged under 18 years  Yes		h children and/or young		
Compliance				
As you have indicated that your activity will involve working with children and/or young people under 18 years of age, you are required to provide details of your Working with Children card.				
For more information about sci	reening checks please visit: h	https://screening.sa.gov.au/home		
Name of Person	Working with Children Card Number	Card Expiry Date		
		Must be a date.		
Activity Details  * indicates a required field				
Project Title *				
What professional develop	ment opportunity are you	undertaking? *		
<b>Total Amount Requested</b>				
\$ Must be a dollar amount.				

What is the total financial support you are requesting in this application?

Please describe how this activity will contribute to your development as an artist/arts worker. What do you hope to get out of it? *				
Word count: Must be no more than 200 words.				
What is the commitment required to undertake this opportunity? Please provide details of hours per week and number of weeks you will be dedicating to this opportunity. *				
<b>Word count:</b> Must be no more than 100 words.				
Select the artform/s your activity will focus on: *  Arts administration/management  Circus  Community Arts and Cultural Development  Craft  Dance  Film/Screen Arts  Literature  Multi-artform/Cross-artform  Music  New Media  Photography  Textiles  Theatre  Visual Arts  Other:  Select all that apply.  Activity Period				
Project Start Date: *				
Must be at least 10 working days from the date of submission and prior to 30.06.2025.				
Project End Date: *				
Must be no more than 12 months from the start date.				

**Activity Location** 

Town/Suburb Name *	
	If online, enter your town/suburb name.
Postcode *	
rostcode	
Evidence of Activity	
Evidence that you'll be partic application. Please attach at	cipating in the activity MUST be attached for your least one of the following:
<ul> <li>Acknowledgement of registr seminar, masterclass etc fee</li> <li>Email or letter from from me</li> </ul>	entor, facilitator etc vork experience placement, volunteer opportunity, pition etc
Name of File	Word Document or PDF only
Evidence of arts practice	
Please upload images, letters of us examples of your arts practice	support, examples of writing etc (or add weblinks) to show e as it relates to this professional development opportunity. two files or weblinks to fulfill this criteria.
Please upload images, letters of us examples of your arts practice	e as it relates to this professional development opportunity. two files or weblinks to fulfill this criteria.
Please upload images, letters of us examples of your arts practice You only need to include one or to Upload images, documents A	e as it relates to this professional development opportunity. two files or weblinks to fulfill this criteria.
Please upload images, letters of us examples of your arts practice You only need to include one or to Upload images, documents A	e as it relates to this professional development opportunity. two files or weblinks to fulfill this criteria.
Please upload images, letters of us examples of your arts practice You only need to include one or to Upload images, documents A	e as it relates to this professional development opportunity. two files or weblinks to fulfill this criteria.  dd weblinks/URLs here Description

### **Budget**

\* indicates a required field

Artist Professional Development Grant monies may only be spent on the professional development opportunity itself, travel and/or accommodationcosts and meals. Travel costs include: airfares, bus, train or tram fares, fuel, taxis or ride share.

Applicants are required to include receipts for expenditure when the grant is acquitted.

### In-Kind Contribution

In-kind income is a contribution of a good or a service other than money.

It is an opportunity to provide further evidence of your own contribution to the project and/ or how your partners will be supporting you.

Some examples include:

- voluntary labour (yours or others on the project)
- donated materials
- use of a venue at no charge
- loan of equipment including vehicles

Calculate loaned or donated goods at the price you would pay for them if you were purchasing or hiring.

In-Kind Source	Description	Value
		Must be a dollar amount.
		\$
		\$
		\$

#### Income

Income Source	Source - if 'other'	\$ Amount
Country Arts SA (this grant) Applicant (your contribution) Other		\$
		\$
		\$

### Expenditure

<b>Expenditure Details</b>	Source	Amount
		Must be a dollar amount
		\$
1		\$
		<u> </u>
		<b> \$</b>
	Expenditure Details	

### **Budget Totals**

Total In-Kind *	\$	
	This number/amount is ca	Iculated.

Total Income *	\$ This number/amount is calculat	ed.			
Total Expenditure *	\$ This number/amount is calculat	ed.			
Your budget must balance to '0 *	\$ This number/amount is calculat Must be '0'.	ed.			
Declaration and Privacy	Statement				
* indicates a required field					
Feedback					
How did you find the online application process?  ○ Easy					
Declaration and Privacy State	ment				
I certify that:					
<ol> <li>1.I am authorised to complete</li> <li>2.I have read the Artist Profess am applying to.</li> <li>3.All details supplied in this ap correct to the best of my known and the supplied in this application.</li> <li>4.I agree that I will contact a Conformation provided in this application.</li> <li>5.I agree to accept the decision.</li> </ol>	plication and in any attached whedge.  ountry Arts SA team member application changes or is inco	documents are true and immediately if any rrect.			
Country Arts SA respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services.					
It may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact a Country Arts SA team member.					
I understand that the information above will be used in accordance with <u>relevant legislation</u> and declare that this information is correct to the best of my knowledge.					
I have read and understood this declaration and privacy statement. *	○ Yes				
Authorised Person's Name *	First Name	Last Name			

Date of declaration *	