



GOODS SHED ARTS EXPRESSION OF INTEREST APPLICATION

Please submit application by COB Monday 2 March 2020

Email application to goodshedarts@castlemainefestival.com.au

Drop off or post application to Level 1, IGA Complex, 50 Mostyn Street,
Castlemaine VIC 3450

Please tick and complete only the sections below that apply to you.

Name: _____

Address: _____

Email: _____ Phone: _____

Tell us about yourself:

Artist Practice _____

Sole-trader Type of business _____

Arts Organisation/Group Name _____ Practice _____

Community Organisation/Group Name _____ Type _____

Business Name _____ Type _____

Community member

Tell us a little about your interest in Goods Shed Arts: _____

RESIDENCE

RESIDENT DESK

Working requirements: Full-time desk Part-time desk Full-time desk to be shared with colleagues/friends

General work hours or days (if part-time): _____

Requirements that are not listed in description (for example, marketing services or graphic design):

Further comments (if any): _____

ARTIST RESIDENCIES

Artist practice: _____

Proposed project or ideas (if any at this time): _____

Ideal amount of time: 1-2 weeks 3-4 weeks Other _____

Ideal provisions: Mentoring Funding (stipend) Accommodation Other _____

Further comments (if any): _____

HIRE

VENUE

Part of venue that you will be interested in hiring (tick multiple if applicable):

- Creative Space Residency/Studio Room Meeting/Workshop Room
 Event Space Full Venue

Frequency of hire:

- One-off Once a week Once a month Once a year Other _____

Amount of time that you will require venue:

- 1 – 4 hours One day 2 – 6 days One week Other _____

Time of day that you will require venue (tick multiple if applicable):

- Morning Afternoon Evening

What you will use the venue for: _____

Further comments (if any): _____

DAILY DESK

Frequency of hire:

- One-off Once a week Once a month Multiple times per month Other _____

Comments (if any): _____

WI-FI USER

Frequency of hire:

- One-off Once a week Once a month Multiple times per month Other _____

Amount of time normally required: Full-day Half-day Hourly

PARTNER

ARTS EDUCATION

Type of arts education activity you are interested in conducting: Workshops Project

Who you would like to conduct activities for (tick multiple if applicable):

- Children (up to 12 yrs) Youth (12 – 25 yrs) Adults Senior Citizens

Frequency of activity:

- One-off Once a month Multiple times per month School holidays Other _____

Time of activity:

- Morning Afternoon After-school Evening

Description of activity: _____

Further comments (if any): _____

EVENTS

Type of event you are interested in presenting:

Talk/Lecture Film Performance Concert Exhibition Other _____

Who your event audience would be:

General public Children (up to 12 yrs) Youth (12 – 25 yrs) Adults Senior Citizens

Frequency of event:

One-off Once a month Other _____

Time of event:

Morning Afternoon Evening

Description of event: _____

Further comments (if any): _____

FOOD & BEVERAGE

Type of service (tick multiple if applicable):

Coffee Alcohol Food Type _____ Other _____

Type of activity (tick multiple if applicable):

Cart or Stall Catering Pop-up Café or Bar Other _____

Further information (if any): _____

SPONSOR OR DONATE

Type of support for Goods Shed Arts you are interested in:

Business cash sponsorship Business in-kind sponsorship

Individual cash donation Individual in-kind donation

Further information (if any): _____

A CSF staff member will be in touch with you shortly to discuss your support. Thank you.

YOUR IDEAS

Tell us about them: _____

Thank you and we look forward to connecting with you further on your participation in Goods Shed Arts.