PHOTOGRAPHER-IN-RESIDENCE APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS

APPLICATIONS CLOSE 5PM MONDAY 3rd SEPTEMBER

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| This residence runs from September 2018 to June 2019 and is aimed at emerging and established photographers with strong connections to the LGBTIQ community in NSW. Applicants are to complete all sections of the form where indicated and present additional information as requested. The Selection Committee reserves the right to reject incomplete or non-complying applications. The decisions of the Selection Committee are final.  |

NB: If applying as a consortium, please submit one application for each photographer, and note the name of one fellow applicant.

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address:  |
| City: | State:  | Postcode: |
| Email: | Phone: |
| Website(if applicable): |
|  Applying as a consortium  | Name of a fellow applicant:  |

Referees:

|  |
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| Please provide the name and contact details of 2 referees you have worked for |
|  | Name | Position | Contact Details: |
| 1. |  |  |  |
| 2. |  |  |  |

Application Check List

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| Please confirm you have included the following items with your application:NB: Send all links and materials to alush@acon.org.au |
|  | This application form, with all fields completed. |
|  | Cover Letter |
|  | Up to 12 Images sent via your chosen file transfer platform |
|  | CV (no more than 2 pages long) |
|  | Additional documents such as press, publications or letters of recommendation (optional) |

DECLARATION

□ I acknowledge that the information I have provided is true and correct

□ I agree to the following copyright agreement:

a. The successful photographer(s) is/are required to assign the full copyright for the photographs created during the Program to ACON at no additional costs.

b. The photographer(s) retain(s) a royalty-free, non-exclusive use license. Under this license, the photographer(s) has/have the right to make use of the photographs for their purposes, after the exclusivity period has ended.

c. When photographer(s) reproduce photographs for their own purposes, publication information will include the wording: “This photograph was produced under the ACON Photographer-In-Residence Project.”

□ I have read and will comply with the ACON Code of Conduct.

□ If successful, I will be able to supply a copy of my Public Liability certificate of currency upon commencement of the residence.

□ If successful, I will sign and complete an ACON Artist Contract.

□ I understand that all monies paid are dependent on the meeting of key targets and deliverables, which will be agreed upon before commencement of the Photographer-In-Residence Program.

□ I will be able to supply a copy of my current NSW Working With Children certification before commencement of the residence.

□ If selected, I agree to undergo a Criminal Record Check and to provide ACON with the necessary documents. The costs for the Criminal Record Check will be covered by ACON.

□ I understand that unfavourable probity screening results (Criminal Record Check and/or Working With Children Check) will result in termination of contract.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_