

# Application Form For Residency

Your Name .....

Address .....

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Telephone Number .....

Fax Number .....

E-mail .....

Brief Description Of The Project For Which The Residency Is Sought

The tower can accommodate two people. Do you want to collaborate with another artist during your residency, or would you be prepared to share your residency with another artist working on a separate project?

No / Yes (name artist you plan to share with) .....

How long a residency do you need?

Long residencies may be difficult to accommodate. (Circle one of the following):

One week / Two weeks / Three weeks / Four weeks

When would you like to take up a residency? .....

Is there any period during the next six months when you would be able to take up a residency if offered?

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Please attach a CV and samples of your work.