

Residency Application



Sculptors
Queensland

Title: Dr Mr Mrs Ms Other

Surname*

First Name*

Address Line 1*

Address Line 2

Suburb/City

State

Postcode*

Email*

Phone (H)

(M)

CV* Please supply in PDF or Word format to info@sculptorsqld.org.au

Professional History*

A history of your professional activity

Proposal*

A brief proposal of what you would like to do during your stay

Summary*

A summary of what your residency can offer Sculptors Queensland

Signed

Date

/ /

The artist's public liability insurance status. Where they have no insurance the Society would grant them membership to take advantage of the Society's insurance.