

# EXPRESSION OF INTEREST ANIMATING SPACES GLADSTONE FROLIC

## CONTACT DETAILS:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Do you have an ABN?

Yes

No

If yes, please supply:

\_\_\_\_\_

If no, are you able to complete a tax exemption declaration?

Yes

No

Are you registered for GST?

Yes

No

Do you have your own public liability insurance?

Yes

No

Do you currently have, or the ability to obtain a blue card for working with children?

Yes

No

## PROPOSED WORKSHOP/ACTIVITY:

Which project best fits the proposed workshop/activity?

*By the Pool* Visual arts

*In the Park* Performing arts

*With Light* New Media

Title of proposed workshop/activity:

\_\_\_\_\_

How many tutors will lead the proposed workshop/activity?

\_\_\_\_\_

What is the maximum participant number per proposed workshop/activity?

\_\_\_\_\_

Please provide a brief description of the proposed workshop/activity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long will your proposed workshop/ activity take for participants to complete?

\_\_\_\_\_

\_\_\_\_\_

What is the skill level required for the proposed workshop/activity?

\_\_\_\_\_

What do participants need to supply or wear to complete the proposed workshop/activity? (sunscreen, protective clothing, hat etc.)

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What type of venue is required?

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What materials will you provide to carry out your proposed workshop/activity: (Attach separately if required)

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Please complete the following budget for the proposed workshop/activity (including GST). Please leave spaces blank if not applicable:

Professional fees: @ \$ _____ per session	\$
Travel costs: Please list details –	\$
Meals: _____ meals @ _____	\$
Materials: (as listed previously)	\$
Other: (list)	\$
	\$
	\$
	\$
<b>TOTAL COST</b>	<b>\$</b>

Cost per participant (divide total cost by maximum number of participants):

\$ \_\_\_\_\_ per participant

Please attach a CV or resume (maximum of two A4 pages) of relevant experience including reference contacts. If available, please also supply supporting images or relevant documentation.

Accompany with this completed form by  
5pm Friday 21 March 2014

**POST:**

Attention: Belynda Waugh  
Animating Spaces Gladstone Frolic  
C/- Gladstone Regional Art Gallery & Museum  
PO Box 29, Gladstone, QLD 4680  
Email: Di Paddick  
[gram@gladstonerc.qld.gov.au](mailto:gram@gladstonerc.qld.gov.au)

**IN PERSON:**

Attention: Di Paddick  
Gladstone Regional Art Gallery & Museum  
Cnr Goondoon and Bramston Streets, Gladstone

For questions or assistance with this form and/or application please contact Di Paddick  
Phone: 07 4976 6766  
Email: [gram@gladstonerc.qld.gov.au](mailto:gram@gladstonerc.qld.gov.au)

PRESENTED BY		MAJOR PARTNERS		PROJECT SUPPORTERS			
							