

# THE 44<sup>TH</sup> RIO TINTO MARTIN HANSON MEMORIAL ART AWARDS 2019 ENTRY FORM

## ENTRANT'S DETAILS

Title:  Mr  Ms  Mrs  Other: \_\_\_\_\_

Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

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

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

Age (only required if 25 years or younger): \_\_\_\_\_ Local Council in your area: \_\_\_\_\_

Have you been a resident within the boundaries of Gladstone Region,  
North Burnett Region or Banana Shire, for at least three months in the past year?  Yes  No

If Yes: Do you also identify as Aboriginal, Torres Strait Islander or South Sea Islander?  Yes  No

If Yes: Please note your Language Group (optional): \_\_\_\_\_

### OFFICE USE ONLY:

YOUNG:  Yes  No

LOCAL:  Yes  No

MURRI:  Yes  No

## ARTWORK SUBMISSIONS

NB: Artist Statements are optional. If provided, they must be submitted with this entry form on separate A4 sheets of paper or emailed to GRAGM.

### FIRST SUBMISSION

Section of entry:  1  2  3  4 (Preference:  TV  Projector)

Title of work (30 characters max): \_\_\_\_\_

Medium (30 characters max): \_\_\_\_\_

Height: \_\_\_\_\_ mm. Width: \_\_\_\_\_ mm. Depth (Section 3 only): \_\_\_\_\_ mm. Time (Section 4 only): \_\_\_\_\_ m \_\_\_\_\_ s

Is your artwork for sale?  Yes Artist's price: \$ \_\_\_\_\_ \*  No

\* Gallery & Museum will add commission and GST to calculate sale price

### OFFICE USE ONLY:

ACQUISITIVE:  Yes  No

### SECOND SUBMISSION

Section of entry:  1  2  3  4 (Preference:  TV  Projector)

Title of work (30 characters max): \_\_\_\_\_

Medium (30 characters max): \_\_\_\_\_

Height: \_\_\_\_\_ mm. Width: \_\_\_\_\_ mm. Depth (Section 3 only): \_\_\_\_\_ mm. Time (Section 4 only): \_\_\_\_\_ m \_\_\_\_\_ s

Is your artwork for sale?  Yes Artist's price: \$ \_\_\_\_\_ \*  No

\* Gallery & Museum will add commission and GST to calculate sale price

### OFFICE USE ONLY:

ACQUISITIVE:  Yes  No

## NOMINATE RETURN METHOD

In person: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Courier: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Return freight consignment note, receipt number, stamps, prepaid voucher, other / notes, etc., **must** be adjoining this entry form upon delivery.

NB: Please advise couriers that works can be picked up on Monday, 9 December 2019, not before.

## COMPULSORY GST QUESTIONS

As required by the Australian Taxation Office, an ABN or 'Statement by a Supplier' form is compulsory, otherwise a 48.5% withholding tax is applied.

Do you have an ABN?  Yes ABN: \_\_\_\_\_ If Yes: Are you registered for GST?  Yes  No

No Please complete the 'Statement by a Supplier' form (see reverse)

## PAYMENT METHOD

A non-refundable entry fee of \$15 per entry (incl. GST) is to be forwarded with artwork.

Method:  Cash  EFTPOS  Cheque  Money order

Total amount: \$ \_\_\_\_\_ Payable to: Gladstone Regional Council, ABN 27 330 979 106

## I UNDERSTAND

Entries must be received no later than 5pm, Saturday, 12 October 2019, to be eligible.

By signing, I acknowledge I have read the 'Conditions of Entry' in the accompanying brochure and agree to be bound by them at all times:

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_, \_\_\_\_\_, 2019



Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to another enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

Your name

Grid of boxes for entering the supplier's name.

Your address

Grid of boxes for entering the supplier's address.

Suburb/town

State/territory

Postcode

Grid of boxes for suburb/town, state/territory, and postcode.

Reason/s for not quoting an ABN Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$350 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

- The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).

Section B: Declaration

For information about your privacy, visit our website at ato.gov.au/privacy

Under pay as you go (PAYG) legislation and guidelines administered by us, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid of boxes for entering the name of the supplier.

Signature of supplier (or authorised person)

Large box for the supplier's signature.

Daytime phone number

Grid of boxes for entering the daytime phone number.

Date

Grid of boxes for entering the date (Day, Month, Year).

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to us. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for five years.

Do you wish to be sent an entry form for our future Art Awards?

Yes

No

How did you hear about the Awards? \_\_\_\_\_

DELIVER THIS ENTRY FORM  
AND YOUR WORK TO:  
Gladstone Regional  
Art Gallery & Museum  
Cnr Goondoon & Bramston Sts  
GLADSTONE QLD 4680

OFFICE USE ONLY:

ARTIST STATEMENTS: <input type="checkbox"/> Yes: 1 / 2 <input type="checkbox"/> No
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RECEIPT #:
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DATA ENTERED:
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SHOUT MAIL:
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PACKED DATE:
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SENT DATE:
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**2019 LABEL TO AFFIX TO WORK**

*Please complete and attach securely to  
back lower left corner or base of each artwork*

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Artwork title: \_\_\_\_\_  
\_\_\_\_\_

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

**2019 LABEL TO AFFIX TO WORK**

*Please complete and attach securely to  
back lower left corner or base of each artwork*

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Artwork title: \_\_\_\_\_  
\_\_\_\_\_

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