

FOR OFFICE USE ONLY ENCLOSURES: CV CHEQUE ENTERED RECEIPT	DATE RECEIVED:	STAFF MEMBER:
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SECTION A

1. YOUR CONTACT DETAILS

Please complete in block capitals.

First Name	
Last Name	
Address	
Area	
Town/City	
Post Code	
Country	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Where did you hear about SPACE?	

Please inform us if your contact details change

2. YOUR INTERESTS

Please tick the activities you would be interested in participating in:

Exhibitions	<input type="checkbox"/>	<input type="checkbox"/>
Open Studios Events	<input type="checkbox"/>	
Community Development Collaborations	<input type="checkbox"/>	
Professional Development	<input type="checkbox"/>	
Media Arts Courses		<input type="checkbox"/>
Media Arts Events		<input type="checkbox"/>
East London Printmakers' Workshops		<input type="checkbox"/>

SECTION B: STUDIO REGISTRATION

To view our vacant studios you must complete this **STUDIO REGISTRATION** section and return it to us in the post with a CV and cheque for £15 in order for us to process your application. When allocating studios priority is given to artists who have been registered the longest and whose work is most suitable for that particular studio.

1. BANK DETAILS

To safeguard the organisation from bad debtors and rent arrears we require either 3 months deposit or a named guarantor and monthly rent payment by standing order with one month's deposit.

Please tick.

I can pay three month's deposit

Yes

No

Or

I can give a named guarantor and pay rent by standing order

Yes

No

Please note: The following required information is for our records only and will not affect your application.

2. YOUR PRACTICE

Please tick the categories you feel most accurately describe your work.

Ceramics
 Design
 Digital
 Drawing
 Film / Video
 Installation
 Mixed-Media
 Painting

Performance
 Photography
 Printmaking
 Public Community
 Sculpture
 Textiles
 Other

Additional notes:

Continue to **STUDIO REQUIREMENTS**

3. YOUR STUDIO REQUIREMENTS

Please let us know your preferences for a studio. Please refer to our Studios Sites page (http://www.spacestudios.org.uk/blogcategory/Studio_Sites2/) for information on where our studios are located.

What is your preferred studio location?

E2	<input type="checkbox"/>	N16	<input type="checkbox"/>	Other	<input type="checkbox"/>
E3	<input type="checkbox"/>	SE1	<input type="checkbox"/>	No preference	<input type="checkbox"/>
E8	<input type="checkbox"/>	SE10	<input type="checkbox"/>		
E9	<input type="checkbox"/>	SE11	<input type="checkbox"/>		
N1	<input type="checkbox"/>	IG11	<input type="checkbox"/>		

Minimum studio size required (sq. ft):

Maximum affordable rent per month:

Would you be interested in a South London Studio ?

Yes No

Are you interested in sharing a studio?

Yes No

Are you interested in taking a studio for a short period of time (e.g. A sub-let or temporary studio)?

Yes No

Do you have any special requirements for your studio?

Arc Welding	<input type="checkbox"/>	Noisy Work	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	Oxacetylene Welding	<input type="checkbox"/>
Noxious / Inflammable Materials	<input type="checkbox"/>	Quiet Work	<input type="checkbox"/>
Large / Heavy Access	<input type="checkbox"/>	Tri-phase power	<input type="checkbox"/>
Natural Light	<input type="checkbox"/>	Water in studios	<input type="checkbox"/>
Access requirements	<input type="checkbox"/>		

Additional notes:

4. CHECKLIST

In my application for STUDIO REGISTRATION I have enclosed:

- This application form (3pages)
- A current CV (Required)
- A Cheque for £15 payable to ART SERVICES GRANTS LTD (Required)
- An Equal Opportunities Monitoring form

Signed: _____

Date: _____

EQUAL OPPORTUNITIES MONITORING: REGISTRATION

SPACE selects candidates regardless of race, ethnicity, gender, sexual orientation, disability, religion, belief or age. All applicants are requested to complete an equal opportunities form for monitoring purposes only. This ensures the effective implementation of our Diversity Policy. The information you give will be kept anonymous and will not affect your application. You do not have to answer any questions that you do not wish to. Please tick as appropriate:

White: British	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>
White: Other	<input type="checkbox"/>
Asian or British Asian: Bangladeshi	<input type="checkbox"/>
Asian or British Asian: Indian	<input type="checkbox"/>
Asian or British Asian: Pakistani	<input type="checkbox"/>
Asian or British Asian: Other	<input type="checkbox"/>
Black or Black British: African	<input type="checkbox"/>
Black or Black British: Caribbean	<input type="checkbox"/>
Black or Black British: Other	<input type="checkbox"/>
Dual: African and White	<input type="checkbox"/>
Dual: Asian and White	<input type="checkbox"/>
Dual: Caribbean and White	<input type="checkbox"/>
Dual: Chinese and White	<input type="checkbox"/>
Other	<input type="checkbox"/>

Gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Do you have accessible needs?	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>
Speech impediment	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Partially Sighted	<input type="checkbox"/>
Learning difficulty	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>
Deaf	<input type="checkbox"/>
Blind	<input type="checkbox"/>
Other	<input type="checkbox"/>

Residential postcode