

If you are a full-time or part-time artist, or create artworks as a hobby, we'd like you to be part of the Ipswich Artist Register.

THE IPSWICH ARTIST REGISTER ALLOWS THE IPSWICH ART GALLERY TO DOCUMENT AND CELEBRATE THE CREATIVITY AND ARTISTIC SKILLS OF THE IPSWICH COMMUNITY.

THE IPSWICH ARTIST REGISTER WILL HELP US TO:

- CURATE EXHIBITIONS FEATURING LOCAL ARTISTS' WORK
- PROMOTE THE WORK OF LOCAL ARTISTS SEEKING OPPORTUNITIES FOR EMPLOYMENT AND COMMISSIONS
- DEVELOP A RANGE OF PROGRAMS AND EXHIBITIONS OF INTEREST TO LOCAL ARTISTS

BY COMPLETING THIS FORM YOU WILL ALSO RECEIVE INFORMATION, INVITATIONS AND OPPORTUNITIES RELEVANT TO YOUR ART PRACTICE AND AREAS OF INTEREST.

ALL INFORMATION IN THE REGISTER IS TREATED CONFIDENTIALLY.

About the Ipswich Art Gallery

A MAJOR CULTURAL INITIATIVE OF THE IPSWICH CITY COUNCIL, IPSWICH ART GALLERY IS THE LARGEST REGIONAL GALLERY IN QUEENSLAND, PRESENTING A DYNAMIC RANGE OF VISUAL ART, SOCIAL HISTORY EXHIBITIONS AND PUBLIC PROGRAMS.

Return this form to

**PUBLIC PROGRAMS OFFICER
IPSWICH ART GALLERY
IPSWICH CITY COUNCIL
REPLY PAID 191
IPSWICH QLD 4305**

NO POSTAGE STAMP REQUIRED

For more information

IPSWICH ART GALLERY
D'ARCY DOYLE PLACE
NICHOLAS STREET
IPSWICH QLD 4305
T | 07 3810 7222 F | 3810 7030
E | info@ipswichartgallery.qld.gov.au
W | www.ipswichartgallery.qld.gov.au

IPSWICH ART GALLERY, IPSWICH CITY COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION SO THAT WE CAN CONTACT YOU. WE WILL NOT DISCLOSE YOUR PERSONAL INFORMATION OUTSIDE OF COUNCIL UNLESS WE ARE REQUIRED BY LAW OR YOU HAVE GIVEN YOUR CONSENT.

BY COMPLETING AND SIGNING THIS FORM AND RETURNING IT TO THE IPSWICH ART GALLERY, IPSWICH CITY COUNCIL, WE WILL CONSIDER THAT YOU HAVE GIVEN US YOUR CONSENT TO MANAGE YOUR PERSONAL INFORMATION IN THE MANNER DESCRIBED IN COUNCIL'S PRIVACY STATEMENT, PERSONAL INFORMATION DIGEST AND THIS COLLECTION NOTICE.



Ipswich Artist Register



Ipswich Artist Register

NAME *	TITLE FIRST NAME SURNAME
ADDRESS	STREET
	SUBURB STATE POSTCODE
PHONE	HOME MOBILE
EMAIL (please include)
WEBSITE *
AGE GROUP	<input type="checkbox"/> 17 AND UNDER <input type="checkbox"/> 18 - 26 <input type="checkbox"/> 27 – 54 <input type="checkbox"/> 55 +
COUNTRY OF ORIGIN
DO YOU IDENTIFY AS	<input type="checkbox"/> INDIGENOUS AUSTRALIAN <input type="checkbox"/> TORRES STRAIT ISLANDER
OCCUPATION
ARTS QUALIFICATIONS / TRAINING	<input type="checkbox"/> SECONDARY ARTS STUDIES <input type="checkbox"/> ARTS DEGREE <input type="checkbox"/> ARTS DIPLOMA <input type="checkbox"/> APPRENTICESHIP <input type="checkbox"/> OTHER
SELECT YOUR AREAS OF INTEREST	<input type="checkbox"/> ARTIST'S TALKS <input type="checkbox"/> WORKSHOPS <input type="checkbox"/> NETWORKING OPPORTUNITIES <input type="checkbox"/> SEMINARS <input type="checkbox"/> MASTERCLASSES <input type="checkbox"/> OTHER
YOUR LINK TO IPSWICH	<input type="checkbox"/> RESIDENT <input type="checkbox"/> FAMILY <input type="checkbox"/> EMPLOYMENT
SELECT YOUR AREAS OF ARTFORM PRACTICE * (tick one or more as relevant)	<input type="checkbox"/> 3D / SCULPTURE <input type="checkbox"/> INSTALLATION <input type="checkbox"/> ANIMATOR/CARTOONIST <input type="checkbox"/> BOOK ARTS <input type="checkbox"/> CERAMICS/POTTERY <input type="checkbox"/> GLASS <input type="checkbox"/> COLLAGE <input type="checkbox"/> DRAWING <input type="checkbox"/> ILLUSTRATION <input type="checkbox"/> LEATHERWORK <input type="checkbox"/> METALSMITHING/JEWELLERY <input type="checkbox"/> MIXED MEDIA <input type="checkbox"/> NEW TECHNOLOGY <input type="checkbox"/> PAINTING <input type="checkbox"/> PAPER-CRAFTS <input type="checkbox"/> PERFORMANCE ART <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> PRINTMAKING <input type="checkbox"/> TEXTILES <input type="checkbox"/> WOODWORK <input type="checkbox"/> OTHER
PLEASE ATTACH	<input type="checkbox"/> ARTIST STATEMENT (MAXIMUM 100 WORDS DESCRIBING YOUR PRACTICE) <input type="checkbox"/> PRINTED IMAGES OF RECENT ARTWORKS (INCLUDE TITLE, DATE, MEDIUM, DIMENSIONS, DURATION [FOR TIME BASED ART]) <input type="checkbox"/> CURRICULUM VITAE (INCLUDE EXHIBITION HISTORY IF AVAILABLE)
SIGNATURE
DATE
PRIVACY	<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT AUTHORISE ALL INFORMATION MARKED WITH AN ASTERISK ON THIS FORM TO BE MADE AVAILABLE TO THE PUBLIC ON THE IPSWICH CITY COUNCIL CULTURAL DIRECTORY WEBSITE AT: www.ipswich.qld.gov.au/community/directories/cultural/