|  |
| --- |
| **Personal details** |
| **First name:**  |  |
| **Last name:**  |  |
| **Address:**  |
| **Postcode:** |
| **Home Telephone No.**  |  |
| **Daytime Contact No.** |  |
| **E-mail address:**  |  |
| **Website (if applicable)** |  |
| **Please tick below to confirm you are available to commit to the full weeks residency***Monday 30 July 2018 - Friday 3 August 2018 (delete as applicable)* |
| **Yes/ No** |
| ***Please include below a statement detailing what excites you about the Culture LAB residency, including details of what you might like to explore over the duration of the week. (1,000 word limit)*** |
|  |
| **Please use the space below to attach your artist statement (1,000 word limit)** |
|  |
| **Education/Qualifications (If applicable)** |
|  |
| **Training and Development*****Please use the space below to give details of any training or non-qualification based development which may be relevant to the residency in support of your application.***  |
|  |
| ***Please use the space below for any additional information you feel is relevant to your application.*** |
|  |
| ***I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.***  |
| **Signed**  |  |
| **Dated**  |  |

**Deadline for applications will be at 5:00pm on 15 June 2018.**

**If you have any queries regarding the Culture LAB please call:**

**Melissa Matthews,**

**Arts Programmes Coordinator**

**07752 380859 or** **melissa.matthews@suffolklibraries.co.uk**

**Please submit completed applications including an up to date CV via email to:**

**Arts@suffolklibraries.co.uk**

**Suffolk Libraries,**

**Ipswich County Library**

**Northgate Street**

 **IP1 3DE**