|  |  |
| --- | --- |
| **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that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.*** | |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**](mailto:melissa.matthews@suffolklibraries.co.uk)

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

[**Arts@suffolklibraries.co.uk**](mailto:Arts@suffolklibraries.co.uk)

**Suffolk Libraries,**

**Ipswich County Library**

**Northgate Street**

**IP1 3DE**