



Community Artist Expression of Interest Form

Contact details

Name: _____

Organisation: _____

Mobile: _____ Email: _____

Please circle the appropriate responses below:

Do you have experience working with young people in the arts? Yes / No

Do you have experience working in a school setting? Yes / No

Do you have experience working with Aboriginal people? Yes / No

Do you live in or have a connection to the Byford area? Yes / No

Are you of Noongar heritage? Yes / No

Working with Children Check: Yes / No

If no, are you able to obtain? Yes / No

I am applying to work solo: Yes / No

I am applying to work in partnership with another artist: Yes / No

If yes, please complete a separate form for the second artist.

Please indicate an hourly rate for delivering community art sessions.

Hourly rate: _____

Australian Business Number (ABN): Yes / No

ABN: _____

If no, are you willing to complete a statement by supplier form? Yes / No

Experience and work samples

Please attach with this form a brief description (max. 300 words) and photos or links to two previous similar work projects.

References

Please provide **current contact details of two referees** who you have worked with on similar community-based projects.

Please note your referees may be contacted as part of the selection process. Please let us know if you would prefer us to contact you before speaking with your referees.

Referee 1

Name: _____

Organisation: _____

Mobile: _____ Email: _____

Description of work with this referee:

Referee 2

Name: _____

Organisation: _____

Mobile: _____ Email: _____

Description of work with this referee:

Send your application

Please email completed Expression of Interest Forms to:

EMHS Byford Health Hub Program Team

E: Byford.HealthHubProgram@health.wa.gov.au

P: 08 9224 2415

Applications close: 5pm Sunday 24 March 2024