ACT Arts Peer Registration 2024

Form Preview

Untitled Page

* indicates a required field

ACT Arts Peer Registration 2024

Thank you for expressing an interest in being on artsACT's Peer Register. Once submitted, your registration will remain current for two years. You may withdraw your registration at any time by emailing artsACT at artsACT@act.gov.au

Peer Requirements Please read the information on artsACT's <u>Peer Assessment webpage</u>. It includes information on Peer Qualities, Eligibility, the Code of Conduct, Confidentiality, and Conflict of Interest requirements that peers must follow.

Contact details

Name *

Title	First Name	Last Name	
ABN			

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register				
ABN				
Entity name				
ABN status				
Entity type				
Goods & Services Tax (GST)				
DGR Endorsed				
ATO Charity Type	More information			
ACNC Registration				
Tax Concessions				
Main business location				

Must be an ABN.

Phone Number *				
Must be an Australian phone number.				

Email *

ACT Arts Peer Registration 2024 Form Preview

Must be an email address.			
Residential Address Address			
Postal Address Address			
Arts experience			
artsACT engages member as artform peers.	s of the community	with specific artforr	n experience and expertis
Please indicate your ar ☐ Arts administration ☐ Literature ☐ Music ☐ S At least 1 choice must be sel You can select more than one	Community arts Screen □ Theatre ected.	□ Dance □ Digita	ıl Games □ Festivals □
Specialist artform area	/genre		
e.g. classical music, jazz, con	temporary dance		
Please upload your Arti Attach a file:	st CV *		
Demographic inform	nation		
artsACT seeks to have peo assessment processes.	ple from a diverse	range of background	ds and experience in its
Responses to the following	g questions are volu	untary.	
At which stage of your	arts practice do y O Mid-career		e elf to be? Established
Gender identity ☐ Female ☐ Male ☐ I Other	Non-binary 🗆 Inte	ersex Prefer not	co answer

ACT Arts Peer Registration 2024 Form Preview

☐ Aborig			Culturally and Linguistically Diverse GBTQI+ None of these
Certific	ation		
Privacy a	and Freedom of	Information	
	e and expertise re		ed by artsACT to select peers with the relevant applications submitted to its arts funding
			Government officers. If selected to participate be made available on the artsACT website.
			al information you provide and will take sed access, loss or misuse of information
legislation	n, including the <u>In</u>	formation Privacy .	information in accordance with relevant Act 2014. You should be aware the provisions to documents in artsACT's possession.
☐ This s☐ The in☐ If sele and Confi☐ If sele	e read the Informa ubmission does no iformation in this s cted as a peer, I w dentiality requirer	ot guarantee my s submission and an vill abide by the Co ments. agree to have my r	election as a peer. y attached documents is true. ode of Conduct, including Conflict of Interest name listed on the artsACT website.
Name * Title	First Name	Last Name	
Date *			
Must be a	date.		