

KAP Arts and Culture Advisory Panel 2024 - Registration Form Preview

KAP Arts and Culture Advisory Panel 2024

* indicates a required field

KAP Arts and Culture Advisory Panel

Thank you for expressing an interest in being on the Kingston Arts Precinct (KAP) Arts and Culture Advisory Panel. The Panel will provide advice to artsACT on the selection and commissioning of artworks for the KAP. 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

Panel Specifications Please read the KAP Arts and Culture Advisory Panel Specifications, available on artsACT's [Kingston Arts Precinct website](#). It includes information on the Background, Purpose, Powers, Membership, Operation, Code of Conduct, Remuneration, Review and Cessation of the Panel.

Contact details

Name *

| | | |
|----------------------|----------------------|----------------------|
| Title | First Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

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Email *

Must be an email address.

Residential Address

Address

Postal Address

Address

Professional experience

Members must demonstrate professional experience in one (or more) of these areas:

Please indicate your area/s of experience *

Visual arts and crafts Arts management Sector development Producing Curating Commissioning Artist development

At least 1 choice must be selected.

You can select more than one

Please upload your CV *

Attach a file:

Demographic information

artsACT will strive to create a Panel membership that achieves gender balance; and includes people with a range of ages; Aboriginal and Torres Strait Islander people; culturally and linguistically diverse people; people with disability; people who identify as lesbian, gay, bisexual, transgender, non-binary, intersex or queer; people from various locations within the ACT; and people in different socio-economic circumstances (or their advocates).

Responses to the following questions are voluntary.

Gender identity

Female Male Non-binary Intersex Prefer not to answer

Other

What age group are you in?

18 - 30 years 31- 50 years 51+ years

Diversity and Inclusion

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Aboriginal and/or Torres Strait Islander Culturally and Linguistically Diverse background Living with a disability LGBTQI+ None of these

Other

What is the highest level of education you have completed?

- Year 11 or below
- Year 12
- Certificate III/IV
- Diploma or Advanced Diploma
- Bachelor Degree
- Graduate Diploma or Graduate Certificate
- Post-graduate Degree

Certification

Privacy and Freedom of Information

The information you have provided will be used by artsACT to select panel members with the relevant knowledge and expertise required.

Your submission will be read by relevant ACT Government officers. If selected to participate in the panel, your name will be made available on the artsACT website.

artsACT respects the personal and confidential information you provide and will take all reasonable steps to prevent any unauthorised access, loss or misuse of information provided.

artsACT will only use and/or disclose personal information in accordance with relevant legislation, including the [Information Privacy Act 2014](#). You should be aware the provisions of the [Freedom of Information Act 2016](#) apply to documents in artsACT's possession.

I certify that *

- I have read the KAP Arts and Culture Advisory Panel Specifications
- This submission does not guarantee my selection as a panel member
- The information in this submission and any attached documents is true.
- If selected as a panel member, I will abide by the Code of Conduct, including Confidentiality and Conflict of Interest requirements.
- If selected as a panel member I agree to have my name listed on the artsACT website.

All statements must be checked.

Name *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Date *

Must be a date.