

ACT Arts Peer Registration 2024

Form Preview

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* 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 [Peer Assessment webpage](#). 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
<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.

Email *

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Must be an email address.

Residential Address

Address

Postal Address

Address

Arts experience

artsACT engages members of the community with specific artform experience and expertise as artform peers.

Please indicate your area/s of experience and expertise *

☐ Arts administration ☐ Community arts ☐ Dance ☐ Digital Games ☐ Festivals ☐ Literature ☐ Music ☐ Screen ☐ Theatre ☐ Visual arts

At least 1 choice must be selected.

You can select more than one

Specialist artform area/genre

e.g. classical music, jazz, contemporary dance

Please upload your Artist CV *

Attach a file:

Demographic information

artsACT seeks to have people from a diverse range of backgrounds and experience in its assessment processes.

Responses to the following questions are voluntary.

At which stage of your arts practice do you consider yourself to be?

☐ Emerging ☐ Mid-career ☐ Established

Gender identity

☐ Female ☐ Male ☐ Non-binary ☐ Intersex ☐ Prefer not to answer

Other

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Diversity and Inclusion

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

Other

Certification

Privacy and Freedom of Information

The information you have provided will be used by artsACT to select peers with the relevant knowledge and expertise required to assess applications submitted to its arts funding programs.

Your submission will be read by relevant ACT Government officers. If selected to participate in a peer assessment process, 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 Information for Peers.
- ☐ This submission does not guarantee my selection as a peer.
- ☐ The information in this submission and any attached documents is true.
- ☐ If selected as a peer, I will abide by the Code of Conduct, including Conflict of Interest and Confidentiality requirements.
- ☐ If selected as a peer, 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"/>
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Date *

Must be a date.