Transmit Residency Expressions of Interest

If more information or support please contact on 03 9699 8299 (voice only)/ 0477 860 955 (text or voice) or email.

# Your Details

Name:

Pronouns:

Email:

Phone Number:

Do you identify as a Deaf and/or Disabled person?

Yes [ ]  No [ ]

Do you identify as First Nations?

Yes [ ]  No [ ]  Prefer not to say [ ]

Do you identify as culturally diverse?

Yes [ ]  No [ ]  Prefer not to say [ ]

# Tell us about your artistic / creative practice.

(Up to 200 words)

Your Answer:

# what are you most passionate about in your art

(Up to 150 words)

Your Answer:

# Why is it essential that you are part of this residency? And why now?

(Up to 300 words)

Your Answer:

# What do you need in order to participate?

E.g., specific access requirements, childcare, assistance with travel or accommodation

Your Answer: