

# Rockhampton Museum of Art Youth Reference Group Expression of Interest Form



Privacy Notice: Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when you wish to join the Youth Reference Group of the Rockhampton Museum of Art. Please refer to [www.rockhamptonartgallery.com](http://www.rockhamptonartgallery.com) for more information about the Youth Reference Group roles and responsibilities.

P: 07 4932 9000 | E: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

## Applicant Details

Contact name:

Preferred contact number:

Email:

Preferred delivery method:  Email  Post  Collect – (Rockhampton, Gracemere, Mt Morgan)

*Email is the standard form of delivery. If this method is unsuitable please select an alternative.*

School or Training Institution (if attending):

Do you identify as Aboriginal or Torres Strait Islander:

Aboriginal  Torres Strait Islander  No  Prefer not to say

## Residential Address

Street number and name:

Suburb:

State:

Postcode:

Postal address (if different):

## Expression of Interest *(all responses are limited to 50 words)*

Explain why you are interested in the Youth Reference Group:

Explain why you enjoy art:

Explain why you think art is important to young people:

Describe your favourite artist/artwork?

Why did you choose that artist/artwork?

If you had to prepare an activity for prep students about the below artwork, explain the activity you would prepare?

Image: Ben Quilty, The Evo project, Sheep Wash (2012), detail. Oil on canvas, purchased with funds from Rockhampton Art Gallery Trust and public donations. Image courtesy of the artist and Jan Murphy Gallery.



Are you able to commit your attendance to a one hour meeting (online or face to face) each month for the period of this 12 month appointment?

Yes       No

### **Supporting Documentation (optional)**

Please attach the following supporting documentation when submitting this form (optional):

- Resume
- One page of further information (if necessary)

### **Declaration**

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Applicant name:

Signature:

Date:

### **Declaration by Parent and/or Guardian**

I give permission for the applicant to be included in the Youth Reference Group if their appointment is successful.

Parent/Guardian name:

Signature:

Date: