

# Rockhampton Museum of Art Artist Educator 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 expressing interest in becoming an Artist Educator at Rockhampton Museum of Art.

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

## Customer Details

Organisation name:

Contact name:

ABN:

Preferred contact number:

Email:

## Residential Address

Street number and name:

Suburb:

State:

Postcode:

Postal address (if different):

## Expression of Interest Details

Project/program/event name:

Brief description of project/program/event:

Location (programs room, gallery, outdoors):

Dates for consideration:

Is this a recurring event?  Yes  No

Materials required:

Maximum attendance:

Target audience:

Potential learnings/outcomes from the project/program/event:

Any further information you'd like to provide:

**Public Liability Insurance** *(please note a copy of your public liability insurance and indemnity statement must be provided)*

Name of insurer:

Policy number:

Policy limit:

Expiry date:

**Supporting Documentation**

Please remember to provide the following supporting documentation when submitting this form:

- Current CV (maximum three pages)
- At least two referees
- Public Liability Certificate

**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.

Name:

Signature:

Date: