

# 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 4936 8248 | E: [rmoalearning@rrc.qld.gov.au](mailto:rmoalearning@rrc.qld.gov.au) | W: [www.rmoa.com.au](http://www.rmoa.com.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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: