**PS2 artist parents/artist carers residency opportunity**

**Application Form**

Please complete all sections of this application form and send – alongside **your CV** and an **Equal Opportunities Monitoring Form** – to [jane@pssquared.org](mailto:jane@pssquared.org) by **6pm on Sunday 4 June 2023**.

Please email [jane@pssquared.org](mailto:jane@pssquared.org) if you would like to receive this information in a different format, e.g., large print version. You can view our Access and Inclusion Guide by clicking here.

1. **About you:**

Name:

Pronouns:  
Email:

Website (if applicable):

Instagram (if applicable):   
Phone:  
Address:

**Please indicate if you are also impacted by any of the following intersectional barriers (tick all that apply):**

I am from a lower socio-economic background

I am from a minority ethnic or minority cultural background

I am d/Deaf, disabled, neurodiverse or long-term health difficulties

I am a member of the LGBTQIA+ community

I have no formal education or arts education

I am of older age

Other, please specify: ……………………………………………………

Please indicate if you are aware of any additional access, support, or resources that PS2 can arrange to mediate these barriers:

……………………………………………………………………………………………………………………………….

1. **About your interest in the artist parents/artist carers residency opportunity**

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| --- |
| Please tell us about your caring responsibilities and how PS2 might best support them (maximum 150 words): |
|  |

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| --- |
| Please tell us about how you might use the space and time afforded by this residency and how it would support your practice. Maximum 150 words: |
|  |

1. **Please include a list of website/social media links to up to 5 images of your curatorial work or interests, or – if you are an artist/curator - your own artwork, making clear how these images relate to your curatorial interests:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Link 1:** | | | | | |
| **Description:** |  | | | | |
| **Link 2:** | | | | | |
| **Description:** | |  | | | |
| **Link 3:** | | | | | |
| **Description:** | | |  | | |
| **Link 4:** | | | | | |
| **Description:** | | | |  | |
| **Link 5:** | | | | | |
| **Description:** | | | | |  |

**Please give details below of a reference, ideally someone who you know in a professional/community/advocacy capacity:**

Name:

Email:

Relationship:

**Checklist:**

I have included **my CV**

I have completed and attached an **Equal Opportunities Monitoring Form**