

WALK & TALK RESIDENCY APPLICATION FORM

1. ABOUT YOU

*First name:		
*Last name:		
Company name (if relevant):		
*Date of birth:	*Sex:	
*Nationality (as indicated in pa	ıssport):	
*Current Address:		
*Telephone no:		
*Email address:		
Website address:		
Current employer (if relevant):		

2. PRACTICAL

A. When would you like to come to Arc artist residency? (If more than one period possible, please indicate them)	

3. ABOUT YOUR PROJECT / RESEARCH

A. Please tell us about your practice and interests through your past, present or on-going projects. (maximum: 2.500 signs)

B. Please provide the name and details of the artist or specialist you would like to spend 4 days with at Arc and what you would want to discuss/research with this person.((maximum: 2.500 signs)

C. Why does this particular residency at Arc interest you? Please tell us (maximum: 1.000 signs): how this experience may benefit you and your practice	
D. Do you have other questions, requests, remarks? (maximum: 1.000 signs)	

4.PARTNERS AND REFERENCES

Please list the details of two references.

(Letters or statements of support are not required).

REFERENCE 1	
*Name:	
Title:	
*Address:	
*Telephone no:	***************************************
Mobile no:	
*Email address:	
*Relationship to referee:	
REFERENCE 2	
*Name:	
Title:	
*Address:	
*Telephone no:	
Mobile no:	
*Email address:	***************************************
*Relationship to referee:	

5. ADDITIONAL MATERIAL

App	licants	are	expected	to	submit	with	this	app	lication:
1- 1-									

- → Recent CV/resume (only one pdf file/maximum 2 MB)
- → Portfolio/documentation (only one pdf file maximum 5 pages/maximum 2 MB)
- → For videos or audio, please <u>provide links</u> to your own website, Vimeo page, YouTube page, etc. **Do not attach video or audio files.**

Please fill in this pdf and send it by email to: info@arc-artistresidency.ch

Incomplete documents will not be accepted.