



Visual Arts Advisory Committee Nomination Form

To register your interest in becoming a member of the Visual Arts Advisory Committee (VAAC), please complete and submit this nomination form along with the required support materials to Director, Artspace Mackay.

Nominee Details

Title: Mr Ms Other (please specify):

First name: _____

Surname: _____

Street address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Postal address: *If different from your street address*

Suburb/Town: _____ State: _____ Postcode: _____

Work Phone: _____ Home: _____ Mobile: _____

Fax: _____ Email: _____

Website address: _____

Are you: Female Male

Please indicate if you represent one or more of these groups:

- Aboriginal people Torres Strait Islanders Culturally & Linguistically Diverse people
Australian South Sea Islanders Older persons (55 years +) People with a disability
Young people (under 30)

Have you previously been a Visual Arts Advisory Committee member?

YES
NO

Why would you like to join the VAAC?

Please indicate any areas you have expertise in (please tick all relevant boxes).

- | | | |
|------------------|-------------|---------------------------|
| Artists' Books | Ceramics | Community Art |
| Curating | Digital Art | Multimedia |
| Museums/Heritage | Painting | Printmaking |
| Sculpture | Teaching | Other (please list) _____ |

Please list any organisations and/or collectives of which you are, or have been, a member (e.g. local Arts Council, art collectives).

NAME OF ORGANISATION and/or COLLECTIVE

Please attach a brief, one-page resume/CV to support your nomination.

I, the undersigned, certify that:

- I have read and understand the roles and responsibilities of VAAC members, as outlined in the Terms of Reference.
- I have read and understand the Mackay Regional Council Collection Art Collection Development Plan.
- The statements in this nomination form, are true and correct to the best of my knowledge, information and supporting material are my own work.
- I give permission for Council to verify statements outlined on this form.

Signature: _____ Date: / /

Name in full: _____