TESA International Residency

 Application Form

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| First Name |  |
| Family Name |  |
| Gender |  |
| Date of birth |  |
| Address and postcode |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Website/Work Sample |  |
| Emergency Contact |  |

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| Preferred period of residency (Please also specify how many days – min 30 days, max 60 days) |  |
| How did you find out about this programme? | ☐TESA Website/Blog/Mailing 　☐ Advertisement/Media ☐ Word of Mouth ☐ Others ( 　　　　　　　　　　　　　　　　　) |
| Other residencies attended |  |
| Primary medium of work, genre of practice |  |
| List of required materials, assistance and equipment |  |
| Artist Statement |  |
| Brief outline of your reasons for undertaking the residency - your proposed project and timeline (Also attach a more detailed proposal if needed) |  |