



Creative Communities COVID-19 Recovery Program - Residency

Partnership Declaration

This form needs to be completed by the **host organisation**, signed by the **host organisation** and the **artist/s or arts organisation**, then submitted with the Creative Communities - Residency online application.

What is the purpose of this form?

This form demonstrates that agreement has been reached with a Western Australian artist or arts organisation to work in residence in your community. It provides confirmation of the type of activity and contract arrangements.

Contact details of the person managing the artist-in-residence project at the host organisation:

Name:

Local government,
school or community group:

Role within the local government,
school or community group:

Phone:

Email Address:

Itinerary

The host organisation has negotiated an agreement with the artist/arts organisation to undertake an artist-in-residence project based on the following details:

Venue:

Suburb:

Start date:

End date:

Type(s) of community participation activities:

Budget/design/delivery

The host organisation has negotiated an agreement with the artist/arts organisation regarding the fee, design and delivery of the project. This includes, but is not limited to organising a Working with Children check (if applicable), intellectual property, comfort and wellbeing of participants, confidentiality, Aboriginal cultural protocols.

Marketing

The host organisation has negotiated an agreement with the artist/arts organisation that marketing materials (posters, flyers, website etc.) will be produced to help promote the project, attract community participants, and attract an audience (if applicable).

Collecting feedback and responses

As the host organisation, we have agreed that the collection of audience feedback and responses to the community participation activities will be collected by both the host organisation and the artist or arts organisation and used for DLGSC evaluation purposes.

Confirmation from the host organisation:

I

holding the position of (e.g Principal, CEO, Director)

at

declare that the information provided is true and correct.

Should the department need to contact me about this Agreement my details are as follows:

Phone

Email

Signature

Date

Confirmation from the artist / arts organisation:

I

holding the position of

at

declare that the information provided is true and correct.

Should the department need to contact me about this Agreement my details are as follows:

Phone

Email

Signature

Date