

ARTIST IN RESIDENCE APPLICATION

PROJECT TITLE	
RESIDENT'S PARTICULARS	
	Tolonhone No.
Name:	Telephone No:
Address:	Email:
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RESIDENT DETAILS (please provide details	of your background eg educational & work
qualifications, interests, etc)	yeur energeenen eg ennemmen ee menn
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PROJECT DETAILS	
OBJECTIVE (please specify the objective(s) of the pro-	
with the Science Centre's mission objectives of promoting	public interest in science & technology

OVERVIEW OF PROJECT (please provide a summary of the proposed project highlighting the key details eg. nature of project, content, methodology) DETAILS (please provide details of the proposed project including a description, schedule, costs as well as any video or photographic images or illustrations DELIVERABLES (please specify the key deliverables at the end of the project eg an exhibit, a programme etc) MATERIAL REQUIREMENTS (please specify requirements for the proposed project in terms of workspace, equipment & materials)
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PROPOSED DURATION: (Days/ Weeks)
Signature of Resident: Date: