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ARTISTS IN RESIDENCY PROGRAMME 2024

DEPARTMENT OF VISUAL ART APPLICATION FORM

Additional documents for registration

Please attach the following documents to this registration form.

1 Certified copy of Identity Card both sides, not older than 3 months.
2 Proof of residence.
3 Highest academic qualification.
4 Letter of Motivation.
5 Reference Letter(s).
6 Curriculum Vitae

Student Information

1	Surname			
2	Name			
3	Identity Number			
4	Date of Birth	**DAY**	**MONTH**	**YEAR**
5	Gender			
6	Ethnicity			
7	Language(s)			
8	Disabilities			
9	Health Issues			

10	Physical Address	
11	eMail Address	
12	Cellphone Number	

Next of Kin

1	Name	
2	Relationship	
3	Cellphone Number	

Computer Literacy

		YES	NO	WORD	PPP	EXCEL	OUTLOOK
1	Computer Operations						
2	Microsoft Office						
3	Internet	YES	NO				
4	Graphic Design Software	YES	NO	BRAND:			
5	Illustrator Software	YES	NO	BRAND:			

Previous Visual Arts Studies

1	Institution	
2	Subjects	
3	Year Completed	
4	Reference person	
5	Contact Number	
6	eMail Address	

Visual Artistic Proficiency

1	Specialisation	
2	Art Theory	**EXAMINING BODY:** **HIGHEST GRADE:**
3	Exhibitions	

Additional Information

		YES	NO
1	Do you belong to a Cultural or Community Organisation? **Details:**		
2	Reference Person		
3	Contact Number		
4	eMail Address		

I, _____ declare that the information provided
is accurate and true to my knowledge.

	DAY	**MONTH**	**YEAR**

Signature

	DAY	**MONTH**	**YEAR**

Witness

AIR VISUAL ARTS SELECTION PROCESS

In a few words, kindly compose a **Profile** of yourself.

FOR OFFICAL USE

1	Still Life	
2	Comments	

Still Life Rubrick		
Overall Impact		
Innovation/Originality		
Interpretation		
Technical Skills		
Presentation Skills		

(row label: 5)

		Successful	Provisional	Unsuccessful
6	Overall Assessment			

COORDINATOR	

PROGRAMS MANAGER	