



CLINIC MENTORING APPLICATION FORM 2016

CLOSING DATE: FRIDAY 12TH FEBRUARY 2016

NOTE:

1. Please ensure that you read the form fully and complete all sections
2. Incomplete applications will not be processed
3. Remember to allow sufficient time for completion and delivery of application before the closing date.

PERSONAL DETAILS

Name: _____

Current Residential Address: _____

Telephone: _____

Mobile: _____

Email: _____

Are you registered with ArtLinks? _____

How long have you been resident in this Kilkenny? _____

(Applicants must be resident in the Kilkenny for a minimum of 3 years to be eligible)

WHICH ONE ART FORM DOES YOUR APPLICATION PRIMARILY INVOLVE?

Dance	<input type="checkbox"/>
Film	<input type="checkbox"/>
Music	<input type="checkbox"/>

Literature

Theatre/Drama

Visual Arts

Arts in Education

Multidisciplinary – list art forms

PREVIOUS AWARDS RECEIVED:

Have you received ArtLinks Mentoring support in the past?

Yes No

If YES, what year did you receive the mentoring support (tick all that apply)?

2013 2014 2015

What type of mentoring support did you receive?

Clinic Mentoring Project Mentoring

Give details of any other previous awards received, including those from national and local organisations, e.g. Arts Council, ArtLinks, Local Authority, other professional organisations.

TITLE OF AWARD	YEAR RECEIVED	AMOUNT RECEIVED

PREVIOUS DEVELOPMENT COURSES:



Please list details of any professional development courses you have attended for your creative work

TITLE OF COURSE	ORGANISED BY	YEAR ATTENDED

FOR WHAT PURPOSE DO YOU WISH TO AVAIL OF MENTORING SUPPORT?

TICK ALL THAT APPLY

- DEVELOPING YOUR PRACTICE**
- WORKING IN CONTEXT WITH THE WIDER ARTISTIC COMMUNITY**
- PLANNING AND DEVELOPING YOUR ARTISTIC BUSINESS**
- CREATING SUSTAINABILITY FOR YOUR CURRENT ARTISTIC PRACTICE**
- MARKETING YOURSELF / YOUR BUSINESS / PRACTICE**

GIVE A BRIEF DESCRIPTION OF THE PURPOSE FOR WHICH YOU ARE APPLYING FOR THIS MENTORING SUPPORT AND HOW YOU BELIEVE THIS SUPPORT WILL DEVELOP YOUR PRACTICE (MAX 300 WORDS)

IF SUCCESSFUL, THE MENTEE:

- 1. Meet with their mentor on the date and at the time advised by ArtLinks**
- 2. Be willing to invest personal time in preparation for the mentoring session**
- 3. Agree to complete a post-mentoring Evaluation Form and return it to mary.butler@kilkennycoco.ie by the agreed date in their letter of offer**

I HAVE READ THE CONDITIONS APPLYING TO ARTLINKS CLINIC MENTORING 2016. THE INFORMATION I HAVE SUPPLIED IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS SCHEME.

SIGNATURE:

PRINT NAME:

DATE:

Completed application forms must be received by your local

County Council Arts Office no later than:

12 noon, Friday 12th February, 2016

Please note that faxed, emailed or late applications will not be accepted.