

Disability Commissioner Tasmania - Purchase of existing 2D artworks

Form Preview

Your details

* indicates a required field

Are you: *

☐ An artist

☐ Other:

Do you identify as a person with disability? *

Only Tasmanian artists with disability can apply

Your contact details

Name *

Title

First Name

Last Name

If you have an ABN, please enter the number below

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Home Address *

Address

Postal Address *

Disability Commissioner Tasmania - Purchase of existing 2D artworks

Form Preview

Address

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Do you have a Website?

Must be a URL.

About you

* indicates a required field

New Section

Please tell us about yourself *

Word count:

Must be between 20 and 200 words.

Please tell us about your artwork *

Word count:

Must be between 20 and 200 words.

Artwork details

Artwork information

Please enter the information below for each artwork you have available for purchase.

Images should be in .jpg, .png or .pdf format, and under 5Mb file size

Disability Commissioner Tasmania - Purchase of existing 2D artworks

Form Preview

Artist name	Artwork title	Artwork year	Artwork dimensions	Artwork medium	Framed?	Price excluding GST	GST amount	Artwork image
						Must be a dollar amount.	Must be a dollar amount.	Must be .jpg, .png or .pdf
						\$	\$	
						\$	\$	
						\$	\$	

Statistics

About you

These questions allow us to better understand the people applying to our programs. This information is not used in assessing your application.

Arts Tasmania may use it to match your application to existing records in our database or for reporting.

Your information will not be used for any other purpose without your permission.

What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Self described

Date of birth

Must be a date.

Do you identify as a person with disability?

- ☐ Yes
- ☐ No

Do you identify as a person from a culturally and linguistically diverse background?

- ☐ Yes
- ☐ No

Do you identify as an Aboriginal and/or Torres Strait Islander?

- ☐ Yes
- ☐ No

How did you first find out about this opportunity?

Disability Commissioner Tasmania - Purchase of existing 2D artworks

Form Preview

- ☐ Arts Tasmania's newsletter
- ☐ Arts Tasmania's website
- ☐ Contact with a staff member
- ☐ Social media
- ☐ Word of mouth
- ☐ Other:

Certification

* indicates a required field

Right to information

Information you provide to the Department of State Growth and details of assistance may be subject to requests for public disclosure under the *Right to Information Act 2009*.

Personal information collection

You are providing personal information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the Department for the purpose of assessing your application and related activities. Failure to provide this information may result in your application not being assessed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service.

Certification

I certify that:

- All the details supplied in this proposal form are correct.
- I am entitled to sell the proposed artworks.
- I have read and understood the section on *Right to information and Personal information collection* and accept the terms.
- If I am under eighteen years old, my parent/guardian must certify below:

*

- ☐ I am the applicant. I agree with the above.
- ☐ I am the parent/guardian of the applicant. I agree with the above.

Press the 'Next Page' button to review your application.

Once your application is complete and you do not wish to make any further changes press 'Submit'.

You will receive a confirmation email which lets you know we have received your application. If you do not immediately receive this email please contact us.

You can print or download a copy of your application after it has been submitted.