



Registered Charity Number 1108387

## Studio Application Form

### 1 Personal Details

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1.1 Last Name:

1.2 First Name:

1.3 Address:

1.4 Postcode:

1.5 e-mail:

1.6 Telephone:  
(daytime)

1.7 Telephone:  
(evening)

1.8 Website:

## 2 About your work

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2.1 What is your practice? What do you make?

## 3 About your studio requirements

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3.1 What processes are involved in making your work? Give as much detail as possible and continue on a separate sheet if needed.

3.2 If your application is successful what should we know about your practice when placing you? E.g: Is your work noisy, does it generate a lot of dust, does it create smells etc. Give as much detail as possible and continue on a separate sheet if needed.

3.3 How many days/ hours per week would you expect to use your studio?

3.4 When do you think this would be? Tick as many boxes as you need to

- Weekday daytimes
- Weekday evenings
- Weekend daytimes
- Weekend evening

3.5 Do you want to be considered for a studio share? (please see the accompanying notes.)

- Yes
- No
- Maybe

3.6 If yes what other practices would you like to share with?

- Jewellery
- Ceramics
- Textiles
- Woodwork
- Metalwork
- Stonework
- Glasswork
- 

3.7 How many other makers would you like to share with?

- 1 other
- 2 others

3.8 If you have any other things to tell us about your practice or possible studio share please tell us here e.g do you know a maker you would like to share with? Are you putting in a group application?

#### **4 About your business**

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4.1 On a separate sheet of paper please tell us about your business answering the questions in the accompanying notes in About your Business and referring back to the selection criteria listed in Maker Profile for Making Space and What are we looking for.

4.2 On a separate sheet of paper please tell us about your financial plan for your business using the notes in Your Business Finances as a guide.

4.3 Are you interested in teaching community workshops at Making Space or in our Outreach Programme

- Yes
- No
- Maybe

4.4 Are you interested in taking part in training at Making Space or with other local providers?

Yes

No

Maybe

4.5 If yes, what sort of training?

- Hands on practice based master classes with other makers
- Surgeries with local accountants, solicitors, etc
- Networking events with other makers and craft professionals
- Business skills training eg. Marketing, financial planning, IT
- Teaching training
- Other training (please specify)

## 5 Other information

5.1 Where did you hear about Making Space?

5.2 Is there anything else you would like to tell us in support of your application? Please continue on a separate sheet if required.

## 6 Images

We need at least 5 high quality images of your work. We will accept professional standard prints or CDs. We will not accept emailed images. We need to see the quality of your work from these images and all should be clearly labelled with your name, the work shown in the image (ie what we are looking at) and media. If your application is successful we may ask to use your images on our website or in publicity for the centre. You will need to enclose a stamped addressed envelope if you wish us to return your images.

### Checklist

You need to enclose

- Application form fully completed
- Answers to questions 4.1. and 4.2 on separate sheets clearly labelled with your name
- Your current CV
- Current marketing and publicity material – business cards etc
- High quality images of your work
- An SAE for the return of your images
- Equal Opportunities Monitoring Form

Send your application to:

The Studio Selection Panel, Making Space, 2 Bishopstoke Road, Leigh Park, Havant, Hants, PO9 5BN.

If you have any queries please contact the director on 023 92 472491 or via email at

[director@makingspace.org](mailto:director@makingspace.org)

### Equal Opportunities Monitoring Form

Making Space is committed to equal opportunities. Please complete and return this form with your application to help us insure that we are complying with our code of conduct. This information is confidential and will in no way effect your application

Name

Date of Birth

Which ethnic group do you most identify with?

White British

Black British

Asian British

Mixed British

White Other

Black Other

Asian Other

Mixed Other

Do you consider yourself to have a disability?

Yes

No

Please specify

Do you have any access needs?

Yes

No

Please specify