# **2019 iOi Cultural Residency application form**

Where did you see the position advertised?

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1. **Personal details**

This information will be used to contact you should you be shortlisted. The information given on this page is not used for shortlisting.

**Title: Mr/Mrs/Miss/Ms (please circle/delete)**

**First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we call you on this number? **Y/** **N**

**2. Access Requirements**

The Institute of Imagination is an equal opportunities employer. Please advise us of any access requirements you may have so that we can ensure that our shortlisting process is fully accessible.

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## **Your concept**

**Please use no more than two pages to explain your concept and delivery methods. You may also include a maximum of two pages of visual aids/images along with your concept proposal. Please send these as PDFs.**

**Please incorporate the following answers into this statement:**

How would you interpret the theme of empathy into a concept?

How might you work with the different audiences: Key Stage 2 school children, families with children aged 5-12 and adults only workshops.

Would you aim to work with any audiences with additional needs and if so, how?

Would you have any international elements to your work?

At this point, how would envision your output being created? (We understand that this would evolve over time throughout the residency)

What are the key areas of support you would require from the iOi team?

## **7. Right to Work**

## Are there any restrictions regarding your employment? e.g. do you require a work permit to work in the UK?

## Please supply details:

## **-------------------------------------------------------------------------**

## **8. Declaration**

## I DECLARE that to the best of my knowledge and belief the information given in this application form, including any attachments is true and correct. I consent to the Institute of Imagination taking steps to verify any information if I am called to interview. I understand that any false statement may be grounds for dismissal if I am appointed.

## **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

## Completed application forms should be marked ‘Private & Confidential’ and returned by the closing date to Kathryn Wilson, Team Operations Manager, either by:

## Culturalresidency@ioi.london

## or

## Institute of Imagination, Second Home, 68 Hanbury Street, E1 5JL