

NT Arts Grants Program Participant Form

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Given Names			
Family Names			
Address			
		Postcode:	
Phone			
Email			

Are you:	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Person with a disability <input type="checkbox"/> Youth <input type="checkbox"/> Senior <input type="checkbox"/> Culturally and Linguistically diverse <input type="checkbox"/> Person who experiences disadvantage (specify)
----------	---

Title of activity:	
Key Organiser:	
Activity dates:	
What is your role in this activity	<input type="checkbox"/> Artist <input type="checkbox"/> Project Coordinator <input type="checkbox"/> Technical Support <input type="checkbox"/> Skills provider <input type="checkbox"/> Cultural advisor <input type="checkbox"/> Other (specify)

Is your participation	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer <input type="checkbox"/> In-kind
-----------------------	--

I confirm my participation in the above activity	Date:
Participant signature	