

# 2021 ARUP Soundlab Residency Program

## Form Preview

## Making an Application

### Objective

The NSW Government through Create NSW has partnered with premiere engineering firm Arup to offer artists a state-of-the-art professional development opportunity in the SoundLab facility. The program will involve four 4-week residencies, which will guarantee artists access to SoundLab for at least 10 hours per week. Create NSW will provide support of \$2,500 per resident artist or collective towards this professional development opportunity.

SoundLab is a 'listening room' designed by Arup's multidisciplinary team, carefully considering room geometry to provide a uniform frequency response across the space. A low-profile, laser-cut meshed raised floor system enabled installation of studio monitors directly below our SoundLab's seating area - immersing the audience in 360-degree sound (16.2 channel surround sound). The residency is an opportunity for artists to experiment, design and create in a space designed for critical listening, exploration and understanding sound, with an Ambisonic loudspeaker array, and an option for integrating VR technology.

Create NSW encourages applicants who may have a work in progress and wish to test their work in the SoundLab.

Refer to the [SoundLab Residency Program 2021 Guidelines](#) for details on this opportunity including necessary support material for this round.

### Opening and Closing dates

Opens Thursday 1 July 2021 Closes: Monday 26 July 2021 at 5pm AEST

### Funding Amount

- \$2,500 in financial support;
- Access to SoundLab for 4 weeks for at least 10 hours per week at Arup Studio Level 5, Barrack Place, 151 Clarence St, Sydney NSW 2000

### Timing

Four residencies will take place from **1 September to 31 December 2021**. Your project must take place within a defined 4-week period. Exact dates will be negotiated with successful applicants.

### Contact and Support

Refer to [SoundLab Residency Program 2021 Guidelines](#) while filling out this form and [Making an Application Help Guide](#) for tips on writing a competitive application. For more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

## Supporting Evidence

You will be required to provide the following supporting evidence:

- Samples of work/demo's

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### Eligibility

\* indicates a required field

To check your eligibility for the [SoundLab Residency Program](#) complete the following questions:

**Are you applying as: \***

- Individual based in NSW
- Group based in NSW
- Other

**Are you an: \***

- Australian Citizen
- Australian Permanent Resident
- Other

**Are you a \***

- Composer
- Music Producer
- Musician
- Songwriter
- Other

### COVID-19 Restrictions Eligibility and Public Health Orders

As a condition of the [SoundLab Residency Program](#) it is required that the activities relating to this application comply with Public Health Orders related to COVID-19 at the time of submission. Applications that propose activities that contravene current Public Health Orders will not be accepted or assessed. Please refer to NSW Government [Public Health Orders here.](#)

**I have reviewed the Public Health Orders and confirm that my application complies. \***

- Yes
- No

### Unable to continue

Based on your response to the Eligibility *Applicant Type* you are ineligible to apply. Refer to the [SoundLab Residency Program](#) I have reviewed the Public Health Orders and confirm that my application complies. for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

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### Unable to continue

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Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the Eligibility *Are you a*: you are ineligible to apply. Refer to the [SoundLab Residency Program](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the *COVID-19 Restrictions* you are ineligible to apply. Refer to the [SoundLab Residency Program](#) for more details or [contact a staff member](#) if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

## Applicant Details

\* indicates a required field

### Privacy Note

Create NSW is subject to the *Privacy and Personal Information Protection Act 1998* in managing your personal information. For the full Create NSW Privacy Notice click [here](#).

**Do you wish to receive updates from Create NSW in relation to funding opportunities, events or initiatives? \***

Yes  No

Your response will not affect your application.

**Are you a registered Creative Kids provider? \***

Yes  No

Click [here](#) for information regarding Creative Kids. Your response will not affect your application.

**Do you have activities or programs commencing after 6:00pm? \***

Yes  No

Click [here](#) for information regarding Create NSW and the NSW Night Time Economy. Your response will not affect your application.

### Applicant Contact Details

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### Are you a first time applicant? \*

Yes

No

Your response will not affect your application.

You have indicated that you are applying as an **Individual**. Please fill out the questions below.

You have indicated that you are applying as a **Group**. Please fill out the questions below.

**Select 'Organisation' and your 'organisation name' should be your group name (if you have one) or the names of the members.**

**Note:** if you have an Individual/Sole Trader ABN and your 'organisation' is your business or trading name you should apply as an individual. You will need to go back to the Eligibility Page and change your choice to 'Individual based in NSW'.

### Applicant \*

Individual

Organisation

Organisation Name

Title

First Name

Last Name

You have selected that you are applying as an Individual but you have selected you are applying as an *Organisation*. To continue select **Applicant** as **Individual** and ensure that the you fill in the **Title, First Name and Last Name**.

Please [contact a staff member](#) if you need any advice between 9am and 5pm Monday to Friday: T (02) 8289 6520 E: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

You have selected that you are applying as a Group that **already has or will be getting an ABN** in the Group's Name but you have selected you are applying as an *Individual*. To continue select **Applicant** as **Organisation** and ensure that the **Applicant Name** you provide is the name of your Group (if you have one) or the name of **all** your group members.

Please [contact a staff member](#) if you need any advice between 9am and 5pm Monday to Friday: T (02) 8289 6520 E: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

**Professional/Group name (if applicable)**

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### Street Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

### Postal Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.  
Must be an Australian post code

### Phone Number \*

Must be an Australian phone number, include area code, numbers only, no spaces

### Email \*

Must be an email address.

### Website

Must be a URL.

## Group Contact Person

### Name \*

Title

First Name

Last Name

### Position \*

### Phone \*

Must be an Australian phone number, include area code, numbers only, no spaces

### Email \*

Must be an email address

**NOTE:** if one of your members has an ABN and is authorised to apply on the group's behalf, they can enter their ABN below and provide their details as the group contact person.

## ABN Details

**NOTE: you do not need an ABN to apply.**

**Company/Incorporated Association ABN's will not be accepted.**

If applying as an Individual:

- You can apply with no ABN but if successful will be **required** to either
  - Obtain an Individual/Sole Trader ABN OR
  - Engage a Funds Administrator

If applying as a *Group*:

- You can provide a members' Individual/Sole Trader ABN OR

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- a Partnership ABN OR
- an Unincorporated Entity ABN

### Applicant ABN

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Funds Administration

**Will you be engaging another entity to administer the grant on your behalf? \***

- Yes  No

**Have you already engaged your grants administrator? \***

- Yes  No, I will confirm details if successful

If your application is successful, you will be required to provide name, ABN, address and contact details prior to contracting and release of funds.

### Funds Administrator Details

**Name \***

- Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Street Address \***

Address

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### Postal Address \*

#### Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### Phone \*

Must be an Australian phone number.

### Email \*

Must be an email address.

### Website

Must be a URL.

### ABN \*

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Administrator Contact Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Position \***

**Phone \***

Must be an Australian phone number.

**Email \***

Must be an email address.

## Diversity Data Collection

The below questions are voluntary. They are being collected for statistical purposes only and do not form part of the assessment of your application.

Create NSW is committed to gender equity and diversity. The collection of this data aims to provide a greater understanding of the NSW arts sector and support future Create NSW diversity initiatives. This method of collection is in accordance with the Department of Premier and Cabinet's policies, the Australian Government Guidelines on the Recognition of Sex and Gender and NSW Privacy Laws. For the full Create NSW Privacy Notice please go [here](#).

**Do you identify as belonging to any of the following:**

**Aboriginal people**

Yes

**People living and/or working in Western Sydney**

Yes

**People from culturally and linguistically diverse (CaLD) backgrounds**

Yes

**People with disability**

Yes

**People living and/or working in regional NSW**

Yes

**People under 25 years of age**

Yes

**Do you identify as:**

Prefer not to disclose

Other:

**Do you identify as LGBTI?**

Yes

No

Prefer not to disclose

Other:

**If you are Aboriginal, what is your cultural affiliation to NSW? (Language Group, Country)**

## About your Residency

\* indicates a required field

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Your residency must take place within a defined 4 month period, starting no earlier than 1 September 2021 and completed by 31 December 2021. Please indicate your preferred start and end dates below.

**Residency start date \***

Must be a date and between 1/9/2021 and 31/12/2021.

**Residency end date \***

Must be a date and between 1/9/2021 and 31/12/2022.

We ask the following question below to help us report on the overall funding requested and provided to the sector. This information is not used to assess your application.

### Breakdown of NSW Activity

Provide a percentage breakdown of where the **NSW** Activity will take place. This will be the area where you reside.

**Sydney \***

Must be a number and no more than 100

**Western Sydney \***

Must be a number and no more than 100

**Regional NSW \***

Must be a number and no more than 100

**Total % - MUST equal 100**

This field is calculated

You are now moving to the assessment section of your application. The information provided in the following sections will be used in the assessment of your application.

## Artform

\* indicates a required field

We ask the following questions to help us report on the overall funding requested and provided to the sector. This information is not used to assess your application.

**Select the primary artform of your project \***

**Select the subcategory of your primary artform \***

# 2021 ARUP Soundlab Residency Program

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Other:

### Criteria 1 - Merit

\* indicates a required field

**Your responses to the following questions will form part of the assessment of your application.**

In this section we would like to know:

- about you and your music
- where you are at in your career
- your inspirations or influences

There are **two questions** that you can elect to answer by providing answers in text (500 words) or by uploading a short video (no more than 5 mins - files must not exceed 25MB).

The questions are:

Q1: *Tell us about you and your music/sound practice*

**How would you like to submit your responses to the above questions? \***

- I would like to submit Text responses
- I would like to submit video responses by uploading a short video
- I would like to submit video responses by providing a URL

**Tell us about you and your music/sound practice \***

Word count:

Must be no more than 500 words.

Tell us about you, your music/sound practice by uploading a short video of no more than 5 mins (files must not exceed 25MB).

**Attach your file here \***

Attach a file:

A maximum of 1 file may be attached.

Tell us about you, your music/sound practice by providing a URL to a short video of no more than 5 minutes.

**Paste your URL here \***

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Must be a URL.

### Samples of Work / Demo

**Provide samples of work as links or uploaded documents. All supporting evidence must be provided at the time your application is submitted.**

When selecting your supporting evidence, consider that the Board/Assessors will have limited time. A few strong examples are often better received.

**How would you like to submit your samples of work? \***

- Links / URLs
- Uploading files
- Both of the above

Provide links and passwords to any externally hosted work samples that best reflect your practice, experience and your proposed program of activity.

Link / URL	Password (if required)	Description
Must be a URL.		

If not using links, other ways you can submit samples of your work include:

- written material - limit: 10 pages (provided as one document)
- still images - limit: 10 images (provided as one document)
- audio/visual - limit: 5 minutes each file, in electronic format, max 3 files or URL links

### Restrictions on Attachments

- Files must not exceed 25MB
- Please provide attachments in .pdf format where possible.
- Zip files cannot be accepted.

**Attach your samples of work/demos here \***

Attach a file:

A maximum of 5 files may be attached.

### Aboriginal Involvement

**Is your project involving Aboriginal cultural elements, community or heritage? \***

- Yes
- No

If Yes, you are required to provide referees from the relevant communities and/or organisations who are prepared to speak to your experience and or your proposal. Refer to [NSW Aboriginal Arts and Cultural Protocol](#).

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### Criteria 2 - Impact

\* indicates a required field

**Your responses to the following questions will form part of the assessment of your application.**

In this section we would like to know

- how this residency opportunity will benefit you at this stage of your career

There is **one question** that you can elect to answer by providing answers in text (500 words) or by uploading a short video (no more than 3 mins). The question is:

Q1: *Tell us how you think this residency will help you at this stage of your career*

**How would you like to submit your responses to the above questions? \***

- I would like to submit Text responses
- I would like to submit video responses by uploading a short video
- I would like to submit video responses by providing a URL

**Tell us how you think this residency will help you at this stage of your career \***

Word count:

Must be no more than 500 words.

Tell us how you think this residency will help you at this stage of your career by uploading a short video of no more than 3 mins (files must not exceed 25MB).

**Attach your file here \***

Attach a file:

A maximum of 1 file may be attached.

Tell us how you think this residency will help you at this stage of your career by providing a URL to a short video of no more than 3 mins.

**Paste your URL here \***

Must be a URL.

### Priority Areas

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\* indicates a required field

**Note:** it is not compulsory that your activity engages with the following areas. Assessors will be looking for genuine and focused engagement.

**Aboriginal people \***

Yes  No

**People living and/or working in Western Sydney \***

Yes  No

**People from culturally and linguistically diverse (CaLD) backgrounds \***

Yes  No

**People with disability \***

Yes  No

**People living and/or working in Regional NSW \***

Yes  No

**Young people \***

Yes  No

**Describe how the activities engaged with Aboriginal People. What were the key successes and challenges? \***

Word count:

**Describe how the activities engaged with people with a CaLD background. What were the key successes and challenges? \***

Word count:

**Describe how the activities engaged with people living and/or working in regional NSW. What were the key successes and challenges? \***

Word count:

**Describe how the activities engaged with people living and/or working in Western Sydney. What were the key successes and challenges? \***

Word count:

**Describe how the activities engaged with people with disability. What were the key successes and challenges? \***

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Word count:

**Describe how the activities engaged with young people. What were the key successes and challenges? \***

Word count:

## Acceptance of Conditions

\* indicates a required field

### Acceptance of conditions

Before you can complete and submit an application you must accept the following conditions by declaring:

I certify that:

- All information supplied as part of this application will be true and accurate to the best of my knowledge.
- All activities proposed by this application will be conducted in accordance with current legislation, including but not limited to, complying with Working with Children legislation.
- If the applicant is a group, I have the authority to complete and submit this application on the group's behalf.

I acknowledge that:

- Create NSW has the right to investigate any information provided in this application and/or to request additional information
- It is solely my responsibility to ensure my application is correct and complete before submitting. Create NSW does not check, amend or update applications. Applications cannot be modified after being submitted.
- Create NSW has the right to withdraw any offer of funding or demand the return of funds already paid if my declaration is found to be incorrect or misleading.
- Create NSW staff are available 9am-5pm Monday to Friday during the grant round to provide technical and general guideline advice. Staff are not able to provide advice on content or choices required within my application.

**Do you understand and acknowledge these conditions? \***

Yes

**Full Name \***

**Position**

**Date \***

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Must be a date.

You have now completed all areas of your application.

The following page allows you to review your application.

If there are any problems, you will be prevented from submitting until any highlighted areas are addressed. You will have the opportunity to correct the problem by clicking **Go to Page**. Once you have made corrections, you can return to the **Review and Submit** page and click **Submit Application**.

When your application is submitted you will receive a confirmation message that the application has been received. If you see this message you can be sure that we have received your application.

You will also see your application number, which you can use should you need to contact Create NSW about your application.

For more details, contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

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