



## APPLICATION FORM FOR ARTISTS RESIDENCY PROGRAM

*Please please fill in the application form in English or Ukrainian and send it to the email address: [ladomyria@gmail.com](mailto:ladomyria@gmail.com)*

- Any nationality, any gender, emerging as well as mid-career or established professional practitioners of age above 18 can apply.
- Please fill in the application form in English.

### 1. Personal information

First name:

Surname:

Date of birth:

Gender:

Nationality:

Address:

Postal code / City:

Country:

Email:

Mobile:

Website:

Duration in weeks:

**Answer the questions and gather all documents in respective .pdf files** a. Introduction to your

work. Provide a clear and informative summary of your work (max 450 words).

b. Curriculum Vitae (max 4 pages). We also appreciate the contact information of two supporting references.

c. An overview of completed projects (recent 5 years and max. 10 pages A4).

d. Motivate how a residency at Ladomyria supports the development of your work. Outline how the residency will make a difference to your practice (max 400 words).

e. Describe your residency project plan. Be as specific, realistic and detailed as possible include an anticipated schedule (max 3000 words).

f. Add Images and Urls (5 and 10 images or url's in case of video or projects). The title of the images must contain your surname and title of the project/work and year. (for example: Bern-Sky-2015-01.jpg).

### What happens next?

● After we have received your completed application form and required documents we will send you a verification by email.

● After we have received the application, the admissions board starts the assessment procedure. We will contact you by email as soon as we have results of your application.

### **Visa**

Participants from certain countries may have to request a visa at the Ukrainian embassy or consulate in their resident country. The applicant is responsible for the visa procedure.

### **Insurance**

We recommend that you have a viable health, travel and liability insurance.

### **Contact**

For more information, please contact the Residence Coordinator, by email only: [ladomyriia@gmail.com](mailto:ladomyriia@gmail.com)

By submitting this application and residency proposal, you agree to the terms and conditions stated in this document. You declare that you are mentally and physically fit to complete the project that you have proposed.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_