



# The Church Rawene - Residency

Application for Residency

## Name

First Name

Last Name

## Address \*

Street Address

Suburb Region

City/ Town

Postal / Zip Code

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## Email \*

example@example.com

## Phone Number \*

Area Code

Phone Number

## Website URL (if you have one)

**Please provide one referee contact**

**Name \***

**Email \***

First Name

Last Name

example@example.com

**Phone Number \***

Area Code

Phone Number

**\*Why do you want to do this residency? How do you think it will assist your practice?**

**Please give a brief outline of the project that you propose to work on during your residency. Look to the criteria section to see whether your proposal meets some of these factors. \***

**\*Do you have a current or past association with the Hokianga**

**\*Please provide links to your work and profile on line**

## Checklist Before Submitting

**Outline of your previous work and creative practise experiences. (please include work history not associated with your creative work**

**Images or documents of your work attached**

**All questions in application completed**

**Conditions of residency read and agreed to**

Please email your application and supporting documentation

to: [linda.blincko@creativenavigators.co.nz](mailto:linda.blincko@creativenavigators.co.nz) OR Courier or mail

to:

Linda Blincko

31 William Bond St

Devonport

Auckland 0624

or call Linda on 021 1570002 / International+64211570002