Sanctuary 2024 Application Form



COMPANY DETAILS			
Artist/Company Name	Phone number		
Project Name	Website (if applicable)		
Troject Nume	website (ii applicable)		
Name of main contact	Where are you based?		
Email address			
PROJECT DETAILS			
Main artform(s) that best describe your practice/concept/proj	ject:		
Please indicate your preference for either the Sherling Studio	or Function Room/Rehearsal Room. Would you require a piano?		
What are your ideal dates for R&D? Please note we may not be able to offer your ideal dates.			









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PROJECT DETAILS		
Is your time at Lighthouse: Sanctuary subject to other ex Please give details of expected outcome dates.	cternal fu	nding applications?
Who would participate in your project during your time a Please confirm that any individuals that you are working		
What expenses would you incur as a result of using Light Please give an indication of expected amounts and how		
ADDITIONAL INFORMATION		
Please let us know if you identify as belonging to one of the below underrepresented groups?		Please let us know if your practice or project can be described as one of the below?
d/Deaf or disabled		d/Deaf or disabled focussed/led
Black and global ethnic minority		Black and global ethnic minority focussed/led
Female experience		Female experience focussed/led
LGBTQ+		LGBTQ+ focussed/led
Socio-economically disadvantaged		Socio-economically experienced focussed/led









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YOUR JOURNEY			
Tell us a little about your journey as an artist/company to date (max. 250 words or feel free to attach a résumé). Do attach any materials — or links to materials — in relation to previous work that may support your application:			
SUMMARY			
Please provide a short summary of your proposal and how support from Lighthouse: Sanctuary would benefit you.			
Please outline what you hope to have achieved by the end of your time in the Sherling Studio (max. 500 words and feel free to attach as a separate sheet):			





