# Sanctuary 2024 Application Form



### **COMPANY DETAILS**

Artist/Company Name	Phone number
Project Name	Website (if applicable)
Name of main contact	Where are you based?
Email address	

### **PROJECT DETAILS**

Main artform(s) that best describe your practice/concept/project:

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 external funding applications? Please give details of expected outcome dates.

Who would participate in your project during your time at Lighthouse: Sanctuary? Please confirm that any individuals that you are working with are being fairly paid.

What expenses would you incur as a result of using Lighthouse: Sanctuary. e.g. accommodation and travel? Please give an indication of expected amounts and how much you would like to claim.

#### **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):



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