**The Lowry's Scratch Night X Galleries Takeover Application Form**

**SECTION 1: PERSONAL INFORMATION**

Email –

Full Name of Lead Artist –

Pronouns of Lead Artist –

Full Names & Pronouns of Company Members –

If applying as a company, please provide full names of all company members. If applying as an individual, please state here “N/A” –

Please confirm that you are 18 years old or over? – yes or no

Contact telephone number –

Address including postcode –

Which region are you based in? –

Please let us know if you have any access requirements –

If your application is selected, please confirm that you are available to take part in out Scratch Night on Saturday 12th November at The Lowry in Salford – yes or no

**SECTION 2: SCRATCH NIGHT PROPOSAL**

1. Please tell us about you and your work (up to 250 words)

2. Please include a link to your website, social media page or/and photos or short video links of your previous work (up to 3 links maximum)

3. Please provide an outline of the idea you would like to scratch (up to 250 words)

4. How many artists will be involved in the development and presentation of this work?

5. Are you interested in sharing a 20mins (maximum) performance or a durational work?

6. Please outline any technical requirements you might need (as much as you know/think at this point)

7. How do you think the work will fit within The Lowry’s gallery spaces (100 words):

Please also now complete an equal opportunities form, which we will keep separate from your application.

**EQUAL OPPORTUNITIES FORM**

This form is anonymous and none of the information collected on this form will be used in any decision-making process for The Lowry's Artist Network Opportunities. All data collected will be treated in accordance with the Data Protection Act 2018 (DPA 2018), The General Data Protection Regulation 2016/679 and the Privacy and Electronic Communications Regulations 2003.

The questions in this section is required because The Lowry takes its responsibility to widening its reach and offering artist development opportunities towards inclusion, diversity and representation seriously; its Artist Development programme also receives money from a number of public funding bodies (for example, the Arts Council), and we are asked to report back information on the demographics within the network. Please choose the "prefer not to say" option for each question if you do not consent to sharing the information.

**1. How would you describe your gender? Please indicate – yes where it applies.**

Male –

Female –

Non-binary –

Prefer not to say –

**2. What is your sexual orientation? Please indicate – yes where it applies.**

Bisexual –

Gay Man –

Gay Woman/Lesbian –

Heterosexual/Straight –

Prefer not to say –

Other (please specify) –

**3. What is your ethnicity? Please indicate – yes where it applies.**

Asian British -

Asian Bangladeshi -

Asian Indian -

Asian Pakistani -

Any other Asian background (please specify) -

Black British -

Black African -

Black Caribbean -

Any other black background (please specify) -

East Asian British -

East Asian Chinese -

East Asian Japanese -

East Asian Korean -

South East Asian -

Any other East Asian or South East Asian background (please specify) -

Mixed Heritage (please specify) -

White & Asian -

White & East Asian -

White & Black British -

White & Black African -

White & Black Caribbean -

White British -

White English -

White Scottish -

White Welsh -

Northern Irish -

Irish -

Any other white background (please) -

Prefer not to say -

Other (please specify) -

**4. What is your age? Please indicate – yes where it applies.**

Under 21 –

21-24 –

25-34 –

35-44 –

45-54 –

55-64 –

65+ –

Prefer not to say –

**5. Do you identify as a D/deaf or disabled person, or have a long-term health condition? Please indicate – yes where it applies.**

There is no detriment to your registration if you have a health condition. The Disability Discrimination Act 1995 states that a ‘person has a disability for the purpose of this Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities’.

Yes, limited a lot –

Yes, limited a little –

No –

Prefer not to say –

Thank you for taking the time to complete the equal opportunities monitoring form.