

2022-24 Expression of Interest - Register of Prospective Peer Assessors

Form Preview

Peer Assessor Details

* indicates a required field

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

What pronouns do you use? *

- They/them
- She/her
- He/him

Address *

Address

Phone Number *

Must be an Australian phone number.

Email Address *

Must be an email address.

Dietary Requirements

Access Requirements

Peer Assessor ABN

A sitting fee is available to eligible peer assessors for all formal meetings and special assignments.

Public servants are not permitted to receive sitting fees.

Are you permitted to receive a sitting fee for potential future contributions to formal meetings and special assignments?

- Yes
- No

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If you are to receive a sitting fee, Arts South Australia will instruct you to raise a taxable invoice. An Australian Business Number (ABN) must be included on taxable invoices.

For more information, or to register for an ABN, please refer to the Australian Government website [here](#).

Can you provide an active ABN?

- Yes
- No

Will your taxable invoice feature an ABN associated with the entity type Individual/Sole Trader?

- Yes
- No

For more information, see the list of [entity types](#) that appear on ABN Lookup. If you intend to raise an invoice featuring an ABN associated with an entity type other than Individual/Sole Trader, there is no need to provide an ABN in this form.

Peer Assessor ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Must be a Individual/Sole Trader ABN.

Do you live or are you primarily based (i.e., at least six months per year,) in South Australia? *

- Yes
- No

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Have you ever received a grant from Arts South Australia? *

- Yes
- No

Have you ever been a member of a peer assessment panel? *

- Yes
- No

Have you ever been a member of an Arts South Australia peer assessment panel? *

- Yes
- No

Do you have any sector affiliations, such as board appointments or organisational memberships, which would create or could be perceived as conflicts of interest should you become a co-opted peer assessor? *

- Yes
- No

Please provide further details about any potential conflicts of interest.

Please provide a short biography demonstrating your art form expertise and briefly state why you would like to become/remain a peer assessor. *

Word count:

Please upload an abridged CV highlighting experience in your art from area. *

Attach a file:

Can you provide the details of a relevant referee who will vouch for your suitability for membership of a peer assessment panel? *

- Yes
- No

Referee *

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Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Referee Position *

Referee Phone Number *

Must be an Australian phone number.

Referee Email *

Must be an email address.

Would you like to be taken into consideration as a contributor to the development and selection process of other specific initiatives and/or projects? *

- Yes
 No

Art Form Area

* indicates a required field

Please select the art form area(s) about which you possess expertise.

Art Form Area *

- Literature
 Visual Art, Craft and Design
 Performing Arts

Arts Practice - Literature

- | | | | |
|---|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Fiction | <input type="checkbox"/> Children's | <input type="checkbox"/> Cross Art Form |
| <input type="checkbox"/> Graphic Novelist | <input type="checkbox"/> Non Fiction | <input type="checkbox"/> Young Adult | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Community Arts | | | |

Arts Practice - Visual Arts, Craft and Design

- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Digital Art | <input type="checkbox"/> Cross Art Form | <input type="checkbox"/> Emerging and Experimental Art Forms |
|--------------------------------------|--------------------------------------|---|--|

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- Craft Community Art Moving Image Other:
- Design

Arts Practice - Performing Arts

- Dance Music Theatre and Opera Comedy Cross Art Form
- Theatre Circus and Physical Theatre Community Arts Other:
- Music

Diversity and Inclusion Questionnaire

* indicates a required field

Arts South Australia acknowledges that, to serve the state, the diverse South Australian community must be represented in its workforce and programs. The collection of accurate diversity data about prospective peer assessors supports Arts South Australia's commitment to diversity and inclusion. Your responses will contribute to the improvement of our services, particularly the management and analysis of the peer assessment process.

We pledge to respect and uphold your rights to privacy protection under the Premier and Cabinet Circular PC012 Information Privacy Principles Instruction (IPPs). The IPPs regulate the way South Australian Public Sector agencies collect, use and disclose personal information.

In support of diversity and inclusion, are you willing to complete a brief questionnaire about you? *

- Yes
 No

Diversity and Inclusion

* indicates a required field

What is your age? *

- 18 - 25 56 - 65
 26 - 35 66 and over
 36 - 45 Prefer not to say
 46 - 55

Do you identify as a person with a disability? *

- Yes
 No
 Prefer not to say

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Are you of Aboriginal and/or Torres Strait Islander origin? *

- Yes - Aboriginal
- Yes - Torres Strait Islander
- Yes - Aboriginal and Torres Strait Islander
- No
- Prefer not to say

With which Aboriginal or Torres Strait Islander group(s) do you identify? [optional]

South Australian Local Government Area

Local Government Area

South Australian Electoral District

Electoral District

Education and Employment Questions

Are you willing to respond to questions about your education and employment? By answering these multiple choice questions, you are helping us improve our services. *

- Yes
- No

What is the highest level of education you have completed? *

- None
- High School Education
- Certificate
- Diploma or Advanced Diploma
- Bachelor Degree
- Graduate Diploma or Graduate Certificate
- Postgraduate Degree
- Prefer not to say

Was your education in the arts? *

- Yes
- No
- Prefer not to say

Do you earn any income from working in the arts? *

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- Yes
- No
- Prefer not to say

Do you also do paid work outside the arts? *

- Yes
- No
- Prefer not to say

In the last 3 years, have you collaborated with independent artists and/or arts organisations? *

- Yes
- No
- Prefer not to say

Please indicate with whom and/or what you have collaborated: [tick all that apply] *

- With other artists
- With mainstream arts groups/organisations/peak bodies
- With artists with disability
- With arts and disability groups/organisations/peak bodies
- With Aboriginal and/or Torres Strait Islander artists
- With Aboriginal- and/or Torres Strait Islander-led groups/organisations/peak bodies
- With overseas-based artists/groups/organisations

In the last 3 years, have you worked in the arts outside of South Australia? *

- Yes
- No
- Prefer not to say

In the last 3 years, have you worked in the arts in any country other than Australia? *

- Yes
- No
- Prefer not to say

Gender Identity and Sexual Orientation Questions

Are you willing to respond to two gender identity and sexual orientation questions? By answering these multiple choice questions, you are helping us improve our services. *

- Yes
- No

With which gender do you identify? *

- Cisgender (i.e., sense of personal identity and gender correspond with birth sex)
- Trans
- X (e.g., genderfluid, non-binary/genderqueer)

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Prefer not to say

What is your sexual orientation? [tick all that apply] *

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Prefer not to say
- Other:

Cultural, Linguistic and Ethnic Diversity Questions

Are you willing to respond to three questions relating to cultural, linguistic and ethnic diversity? By answering these multiple choice questions, you are helping us improve our services. *

- Yes
- No

Do you identify as culturally and/or linguistically diverse? *

- Yes
- No
- Prefer not to say

Do you speak a language other than English at home? *

- Yes
- No
- Prefer not to say

Broadly, with which ethnic group(s) do you identify? [tick all that apply] *

- Aboriginal and/or Torres Strait Islander
- Australian (excl. Aboriginal and/or Torres Strait Islander)
- New Zealander (not Māori)
- Māori, Melanesian, Papuan, Micronesian, and Polynesian
- Anglo-European
- North-West European (excl. Anglo-European)
- South-East European
- South-East Asian
- North-East Asian
- Southern and Central Asian
- North American
- South and Central American and Caribbean Islander
- North African and Middle Eastern
- Sub-Saharan African
- Other:

Prefer not to say

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Thank you!

Thank you for taking the time to complete this questionnaire.