

2023 - 2024 Expression of Interest - Register of Prospective Peer Assessors

Form Preview

Prospective Peer Assessor Details

* indicates a required field

Name *

First Name

Last Name

What pronouns do you use?

- ☐ She/her
- ☐ He/him
- ☐ They/them

Phone Number *

Must be an Australian phone number.

Email Address *

Must be an email address.

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

- ☐ Yes
- ☐ No

Do you have experience as a peer assessor?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

Bio

Please provide a short (200 word max) biography demonstrating your art form expertise. *

Word count:

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Must be no more than 200 words.

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

Attach a file:

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. *

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

Peer Assessor Payment

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 eligible to receive a sitting fee?

- ☐ 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 *

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- | | | | |
|---|--------------------------------------|--------------------------------------|--|
| <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 |
| <input type="checkbox"/> Craft | <input type="checkbox"/> Community Art | <input type="checkbox"/> Moving Image | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Design | | | |

Arts Practice - Performing Arts *

- | | | | |
|----------------------------------|--|---|--|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music Theatre and Opera | <input type="checkbox"/> Comedy | <input type="checkbox"/> Cross Art Form |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Circus and Physical Theatre | <input type="checkbox"/> Community Arts | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Music | | | |

Diversity and Inclusion

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 peer assessment process.

Each of the following questions are optional and there is no requirement to answer all or any of them.

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.

What is your age?

- | | |
|-------------------------------|---|
| <input type="radio"/> 18 - 25 | <input type="radio"/> 56 - 65 |
| <input type="radio"/> 26 - 35 | <input type="radio"/> 66 and over |
| <input type="radio"/> 36 - 45 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 46 - 55 | |

Do you have any dietary requirements?

Please enter 'none' if you have none.

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Do you identify as a person who lives with disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Do you have any access requirements?

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 and/or Torres Strait Islander group(s) do you identify? [optional]

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:

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☐ Prefer not to say

Do you identify as LGBTQIA+?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Thank you!

Thank you for taking the time to complete this questionnaire.