|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXPRESSION OF INTEREST FORM**  Please complete and submit to: [admin@bemac.org.au](mailto:admin@bemac.org.au) with ***THRIVE EOI*** in the subject.  [www.bemac.org.au](http://www.bemac.org.au/) **|** (07) 3391 4433 | | | | | | |
| **ARTIST INFORMATION** | | | | | | |
| **First Name:**  Click or tap here to enter text. | | | | **Last Name:**  Click or tap here to enter text. | | |
| **Current Address:**  Click or tap here to enter text. | | | | **Phone/Mobile:**  Click or tap here to enter text. | | |
| **City:**  Click or tap here to enter text. | **State:**  Click or tap here to enter text. | | **Post Code:**  Click or tap here to enter text. | **E-mail:**  Click or tap here to enter text. | | |
| **Artist Website/Social Media Page/s**:  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | | |
| **Age:**  Click or tap here to enter text. | | **Cultural Identity:**  Click or tap here to enter text. | | | | **Country of Birth:**  Click or tap here to enter text. |
| **First Language:**  Click or tap here to enter text. | | **Do you Identify as:**  Male  Female  Other: Click or tap here to enter text. | | | | |
| **Links to performances:**  (E.g. YouTube, Vimeo, SoundCloud, etc.)  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | | |
| **Artform:**  Singer  Songwriter  Musician (instruments only) | | | | | **Size:**  Solo artist  Part of a group/Band | |
| **Style (e.g. Indie, Country, RNB):** | | | | | | |
| **Performance:**  Original songs/dance  Cover songs | | | | | | |
| **Instruments:** (E.g. Acoustic guitar, bass, drums, etc.)  Click or tap here to enter text. | | | | | | |
| **Brief description of your act:**  Click or tap here to enter text. | | | | | | |
| Do you sing?  Yes  No  Do you play an instrument, if so what instrument/instruments?  Yes  No  Your skill level as a musician  None  Beginner  Intermediate  Advanced  Do you have any experience singing or playing with other people (non-professional experience is relevant so please let us know, even if it's just playing music in your home)?  If yes, please describe your experience here:  Click or tap here to enter text. | | | | | Do you read music (this is not a requirement you can participate without this skill)?  Yes  No  A little bit  I can read chord charts  Have you got any experience performing music (this is not a requirement)?  Yes  No  If yes please describe the performance (text  box)  Do you have any recordings or information about your music? If so, please provide them (this is not a requirement, you can participate without having recordings).  Yes  No | |
| **Needs**  Do you have any special needs or requirements that will support you taking part in this project?  Click or tap here to enter text.  If you would like to play an instrument for this project do you need help finding an instrument in order to participate?  Click or tap here to enter text.    Do you have any dietary requirements?  Click or tap here to enter text. | | | | | | |
| **Outcomes**  Improve my singing  Improve my instrument playing  Improve my ability to play music with others  Develop my ability to arrange music  Develop my music networks  Improve my stage presence and ability to talk to the audience  Other Click or tap here to enter text. | | | | | What are your main strengths as a musician?  Click or tap here to enter text.  What do you believe your main challenges may be?  Click or tap here to enter text.  What would you like to learn from our facilitators?  Click or tap here to enter text.  What do you hope to get out of the sessions?  Click or tap here to enter text. | |
|  | | | | | | |

# 