

CENTRAL COAST MENTAL HEALTH ART WORKS! EXHIBITION



Entry Form

This form must be completed in full to be considered an eligible entry.
Entries must be returned by Friday 23 August 2019

SECTION 1 - Artists Details

First Name: _____ Surname: _____ Age: _____

Address: _____ Postcode: _____

Email: _____ Home Ph: _____ Mobile: _____

Can photographs of your artwork be used for advertising/promotion of the exhibition on social media (e.g. facebook, Instagram, twitter)? YES NO

Can photographs of your artwork be used for advertising/promotion of the exhibition in other media (e.g. newspapers, flyers, newsletters)? YES NO

Are you representing a specific organisation or group? YES NO

If yes, Organisation/Group: _____

First Name: _____ Surname: _____

Email: _____ Home Ph: _____ Mobile: _____

SECTION 2 - Consideration for Specific Award Category

Please indicate if you would like to be considered for one of the specific awards. You must meet the eligibility criteria for the award:

Indigenous Award YES NO *Artist must identify as an Aboriginal or Torres Strait Islander person.*

Pride in Diversity Award YES NO *Artist must identify as an LGBTIQ+ person.*

Art of Cultures Award YES NO *Artist must be from a multicultural background.*

SECTION 3 - Confirmation of Eligibility

Please indicate how you meet the eligibility criteria of the exhibition:

Eligibility criteria can be found on page 2 of the information sheet or at www.ccpc.copm.au/mhaw.

Individual with a lived experience Carer Family Member Friend Volunteer

Please provide details of your experience with mental illness:

Would you like this information displayed with your artwork? YES NO



02 4365 2294



www.ccpc.com.au/mhaw



Central Coast Primary Care



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SECTION 4 - Artwork Information

Artwork Title: _____

Artwork Medium: _____

Artwork Size (in centimetres) Width: _____ cm Height: _____ cm

Maximum artwork size of 100 cm x 100 cm. Limit of one artwork entry per artist.

Please indicate how you would like your name displayed with your artwork at the exhibition:

Full name First Name Only Do not display
Full name and Organisation First name and Organisation Organisation Only

Can your name be displayed with your artwork on social media? YES NO

Can your name be displayed with your artwork in other media? YES NO

Is the artwork for sale? YES NO Price: \$ _____
(incl. GST in price if applicable)

Inspiration for Artwork:

Include a separate sheet if more space is required.

Would you like this information displayed with your artwork? YES NO

SECTION 6 - Confirmation of Entry

I certify that I have completed this form and that all details are true and correct.

Artists Name: _____ Signature: _____

If this form has not been completed by the artist please enter your information below:

I certify that all details in this form are true and correct and are completed with the artist's permission.

Name: _____ Signature: _____

Please return completed form by Friday 23 August 2019 via email or post.

Email: mhaw@ccpc.com.au

Post: Central Coast Primary Care – MHAW, 167B The Entrance Road, Erina NSW 2250



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