

# Community Partner Program application form



## Organisation Details

Organisation Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Website: \_\_\_\_\_

## Organisation's Contact Person

*Please nominate one person for Arts Centre Melbourne to contact directly about this program*

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## About your organisation

### Area

*Organisations may work across multiple areas, please select as many options as applicable*

- Metropolitan
- Outer Metro
- Regional
- Rural

## **What service areas BEST describe your organisation's work?**

*Please select as many as relevant to your organisation*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arts and Culture                                   | <input type="checkbox"/> Health  | <input type="checkbox"/> Refugee & Migrant Services                  |
| <input type="checkbox"/> Culturally & Linguistically Diverse<br>Communities | <input type="checkbox"/> Indigenous & Torres Strait Islander<br>People | <input type="checkbox"/> Students                                    |
| <input type="checkbox"/> Carers' Respite                                    | <input type="checkbox"/> LGBTQI+ Community                             | <input type="checkbox"/> Women                                       |
| <input type="checkbox"/> Children and Families                              | <input type="checkbox"/> Local Government                              | <input type="checkbox"/> Youth                                       |
| <input type="checkbox"/> Community  | <input type="checkbox"/> Mental Health                                 | <input type="checkbox"/> Other –<br>please provide details:<br>_____ |
| <input type="checkbox"/> Seniors  | <input type="checkbox"/> People with Disability                        |  |
| <input type="checkbox"/> Financial Disadvantage                             | <input type="checkbox"/> People experiencing Homelessness              |  |

## **Additional Information**

Please provide a brief description about the work your organisation does (e.g. programs, organisation objectives, etc.).

Describe the barriers you experience coming to Arts Centre Melbourne:

How would access to Arts Centre Melbourne programs benefit and impact your community? Please identify a goal (or goals) your organisation hopes to achieve through a partnership with Arts Centre Melbourne.

- Check box to add your email address to Arts Centre Melbourne's Access database in order to receive communication about our performances, programs and updates.

Please email your completed application form to [community@artscentremelbourne.com.au](mailto:community@artscentremelbourne.com.au)

If successful, this application remains valid for one financial year (July 1 through to June 30), and allows the Organisation access to any *Arts Centre Melbourne Presents* performances, pending availability. For individual performance requests please contact Coordinator, Community Engagement on 03 9281 8784 or email [community@artscentremelbourne.com.au](mailto:community@artscentremelbourne.com.au)