*Applicant to complete*

|  |  |
| --- | --- |
| **Name(s) of Applicant(s)** |  |
| **Have you been awarded a residency or artist research bursary with TWR before?** | Yes / No  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *(Enter number)* **week(s)** | ***or* Other.**  | *Please specify* |
| **Preferred Dates:** |  | **Flexible?** | Yes / No |
| **Will you be working with other dance artists or collaborators during your residency?**  | Yes / No | **If *‘Yes’* how will this be financed?** | *Please Detail* |
| **Link to Expression of Interest** *Video & Audio submissions only* |  |
| **1. Please give a brief overview of your project and what the seed funding would support?** |
|  |
| **2. What is your relationship to the people you are proposing to connect with, during this activity or in the future?** |
|  |