

INDIVIDUAL ARTISTS AND CRAFTS PRACTITIONERS QUESTIONNAIRE

PLEASE **FAX** COMPLETED FORM TO: **9319 1070** as soon as possible

Name: _____

Street Address: _____

Phone: _____ Fax: _____ Email: _____

What type of art/craft do you practice? (i.e. sculptor, painter, dancer etc): _____

How long have you been a practising artist/crafts person? _____

What is the main reason you practice art/craft activities?

- | | | | |
|-----------------------------|--------------------------|---------------------------------|--------------------------|
| A. Hobby | <input type="checkbox"/> | E. Spiritual or personal growth | <input type="checkbox"/> |
| B. Creative Development | <input type="checkbox"/> | F. Other: _____ | <input type="checkbox"/> |
| C. To be a full time artist | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| D. Earn part of your income | <input type="checkbox"/> | | |

How did you acquire your skills as an artist/crafts person?

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| A. Community classes & workshops | <input type="checkbox"/> | D. Formal degree/certificate in the arts | <input type="checkbox"/> |
| B. Private tuition | <input type="checkbox"/> | E. A variety of training | <input type="checkbox"/> |
| C. Self taught | <input type="checkbox"/> | F. Other | <input type="checkbox"/> |

Where do you currently practice your arts/craft activities?

- A. Living and working space are in the same location
- B. Living and working space are in different locations
- C. Rented venue specifically for art/craft related activities

If answer is B or C what is the name of the facility and where is it located? _____

Did you exhibit, perform or have any public displays of your work in 2005? Yes / No

If yes, how many and where did you exhibit/perform/display?

How does living in the Ryde Local Government Area benefit your art/craft activities?

Please list three major improvements that would assist arts/crafts development in the City of Ryde?

1. _____
2. _____
3. _____

Are you: Female Male

Thank you for completing this questionnaire

If you would like to include any other information please attach an additional page and return with this questionnaire.

PLEASE **FAX** THIS COMPLETED FORM TO PATRICIA PARKER ON **9319 1070**