

B – PROFESSIONAL

Does the practice of your art provide your sole source of income? *If so tick the box opposite.*

Does the practice of your art provide only a part of your income? *If so tick the box opposite.*

Next please tick the box which Indicates your main art activity. To the right of the box please indicate your specific profession such as Painter, Sculptor, Singer, Composer, Actor, Poet, Choreographer, Photographer, etc. If you practise a number of disciplines (such as painting and music) then tick all of the appropriate boxes.

Visual Arts
(Painter, Sculptor, Ceramicist, Fabric Artist, etc.)

Music
(Vocalist, Instrumentalist, Composer, etc.)

Dance
(Performer, Choreographer, Director, etc.)

Theatre
(Actor/ess, Director, Producer, etc.)

Creative writing
(Novelist, Poet, Essayist, Dramatist, etc.)

Media Arts
*(Digital Arts, Audio, Video, Film,
Photography, etc.)*

Other
*Please describe in the space to the right
of the box*

C – EMPLOYMENT and PERFORMANCE HISTORY:

*Please list below brief details of your employment history and major exhibitions,
performances,
publications, recordings, awards, etc. Continue on a separate sheet if necessary.*

D – REFEREES

Please submit the names and contact addresses of two (2) persons who have known you for the last

five (5) years: the referees may NOT include family members.

(1) Name	(2) Name
Address	Address
Phone	Phone

E - DECLARATION

I declare that to the best of my knowledge, for all intents and purposes, the information given above is correct.

Signature:

Date:

Note: The National Arts Council of Seychelles reserves the right to refuse registration.

<i>FOR NAC USE ONLY</i>
Date Received
N.I.N. Checked
Process Date
Registration №
Officer (initial)