

CENTRE FOR THE STUDY OF SUBSTRUCTURED LOSS (EST. 2009)

APPLIED GRIEF AND BEREAVEMENT RESEARCH

SUBSTRUCTURED LOSS: JOURNAL OF APPLIED GRIEF & BEREAVEMENT RESEARCH

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CENTRE FOR THE STUDY OF SUBSTRUCTURED LOSS

LONG-TERM STUDY RESIDENCY PROGRAMMING

APPLICATION FORM

Please read carefully and complete all outstanding sections.

SECTION A

DATE OF APPLICATION:
DD/MM/YYYY - DD/MM/YYYY

/ /

Residency Duration:
No. of months

Residency Location:
City, Country
(If completing in-studio curriculum)

Facility Requirement:
Studio/Workshop Space
(If completing in-studio curriculum)

Office Desk Space

Additional Information:
(if necessary)

PERSONAL INFORMATION:

Name Surname

Date of Birth DD/MM/YYYY Gender

Address

City Country Postal Code

Phone Email

Website/Portfolio/Social Media URL

Current Location/Base
(if different from above)

DISCIPLINE:

List all applicable practicing disciplines

FUNDING:

Let us know how you are covering the expenses of the residency (fill in where appropriate)

Covered by Grant Funding Institution Personal

Additional Information:

SECTION B

We only accept applications in English to accommodate our international jury members. Applications are assessed and chosen by a jury on the basis of merit and the Centre's ability to support the proposed research or project.

1. **Statement of Intent:**

Please write a short text (not more than 300 words) with a description of intended work for the period and briefly state your reasons for applying to this residency.

2. **Timeline:**

Please write a short text (not more than 200 words) allocating projected tasks to time periods for the first 6 weeks of programming. Note: Timelines and tasks are subject to change after the commencement of programming.

3. **Source Material:**

Please detail any introductory source material/works (peer-reviewed, documentative, audio/visual etc.) that were used in part as preliminary research into the work being executed or any introductory source material that will guide your study during programming (not more than 20; use an attachment if necessary). **Note: Source material is subject to change after the commencement of programming.**

4. **Short Biography** (not more than 150 words):

5. **Artist Statement/Professional Statement** (not more than 200 words):

4. Describe your professional interests and the conceptual or thematic orientation of your practice (not more than 200 words):

CV attached (required)

Yes No

Image(s) attached (Max. 10) - JPEG, PDF, PNG, GIF / 2 MB.

Yes No

Video/Sound attached (Max. 5) - MOV, MP3 / ZIP file format.
(URL link can also be provided for Video/Sound in the website/portfolio/social media field above.)

Yes No

Text(s) attached (Max. 3) - DOC/RTF/PDF

Yes No

SECTION C

Information Regarding: Attached Images/Video/Sound	Medium	Size/Dimensions (if applicable)	Year	Location (if applicable)

Information Regarding: Attached Texts	Author(s)	Publication	Year	Published by (if applicable)

Additional notes on the attachments (if necessary):

Please outline any outstanding information regarding your application below (if necessary):

SECTION D

Where did you hear about the residency program (please specify)?

I have read the accompanying Residency Programming Guide:

Yes No

I accept and acknowledge that all information provided above is complete and accurate:

Yes No

Full Name Signature
Please Print

Date
DD/MM/YYYY

INSTRUCTIONS:

PLEASE SEND THE COMPLETED APPLICATION FORM AND ALL APPLICABLE ATTACHMENTS TO: residency@substructuredloss.org

PLEASE REFERENCE LONG-TERM RESIDENCY PROGRAMMING IN THE EMAIL SUBJECT HEADING DURING SUBMISSION.

TECHNICAL ERRORS:

PLEASE KINDLY DIRECT ALL FIELD, WEB, AND PAGE DOWNLOAD ERRORS TO: residency@substructuredloss.org