PASSAGE 2026 Application Form
Form Preview

Important Information

* indicates a required field

Welcome to Redland City Council's PASSAGE Artist Development Program.

*Indicates a required field

Privacy Statement

Redland City Council uses personal information to deliver its functions and services. Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the Information Privacy Act 2009 and other local government acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy.

Please note the information provided in this application and in related documentation and discussions may be provided to members of the RADF Assessment Panel in order to assist Council in assessing your application.

By submitting this application you consent to Council publishing your name, the project name, project description and Council's funding contribution. We may also use your details for promoting Council's funding program.

Objectives

PASSAGE Artist Development Program will:

- act as a professional incubator program for emerging and established artists and creatives.
- generate professional development opportunities for artists and creatives to build capacity as business owners.
- allow artists and creatives to experiment with new, innovative ideas and renewed ways of working.
- increase access to Redland City Council's creative services, providing resources to artists and creatives working in the sector.

Essential Reading

Before completing this application form, please read the following documents:

- PASSAGE 2026 Guidelines
- Our Future Redlands: A Corporate Plan to 2026 and Beyond
- Creative Arts Service Strategic Plan 2024-2029

Eligibility Checklist

PASSAGE is open to:

- Individual artists at any stage of their career.
- Groups of artists including project funded companies where the lead artists are residents of South East Queensland.
- Artists and creatives who demonstrate a clear connection to Redlands Coast.

We encourage artists from diverse cultural and socioeconomic backgrounds, people with disability, and LGBTQIA+ artists to apply.

Are you an individual artist or an arts/cultural organisation? *
○ I am an individual professional artist, emerging professional artist, arts worker, cultural worker, producer, or project coordinator
○ We are an arts and cultural organisation based in the Redland City LGA or our project will directly benefit arts and culture on the Redlands Coast

As the primary applicant, I confirm that the artists: *
☐ have read and understood the PASSAGE Guidelines
☐ are available to attend all Mentorship Sessions
☐ are 18 years of age or older
☐ are a permanent resident or Australian Citizen
☐ hold an Australian Business Number (ABN)
☐ have met all acquittal conditions of previous Council grants and sponsorship
At least 6 choices must be selected.

Applicant Details

* indicates a required field

Applicant Name *
○ Individual ○ Organisation
Organisation Name

Title First Name Last Name

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN
Entity Name
ABN Status
Entity Type

Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	[More information]
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Applicant Primary Address *
Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Email Address *

Must be an email address.

Artist Website *

Must be a URL.
Please provide at least 1 URL to existing work or promotional material.

Facebook

Must be a URL.

Instagram

Must be a URL.

Other

Must be a URL.

Diversity Questions

Do you identify as any of the following? *
- ☐ Aboriginal or Torres Strait Islander
- ☐ Quandamooka
- ☐ Culturally and Linguistically Diverse
- ☐ Living as Deaf or with a disability

☐ LGBTIQA+
☐ Seniors (over 65)
☐ Youth (12-25)
☐ None of the above
At least 1 choice must be selected.
Select all that apply.

Project Details

* indicates a required field

Summary

Tell us about your practice / project *

Word count:
Must be no more than 100 words.
Provide a short description of your project. If successful, this will be used as a project summary in all marketing and communications regarding the project.

What is the main art form you practice in? *

☐ Community and Cultural Development
☐ Circus
☐ Dance & Physical Theatre
☐ Developing Regional Skills
☐ Digital Arts
☐ Fashion
☐ Film
☐ Gaming
☐ Multi-arts
☐ Music
☐ Theatre
☐ Visual Arts, Craft and Design
☐ Writing
☐ Other:

Select all that apply.

Would you like to utilise RPAC's spaces to develop your work during the program? If so, which?

☐ RPAC Auditorium
☐ RPAC Events Hall
☐ RPAC Green Room
☐ Redland Art Gallery Workroom
☐ Other:

Please refer to the PASSAGE Guidelines for more information about each space.

Criteria

The following questions will help you answer the criteria outlined in the Guidelines

Describe your practice or project in more detail. For example, what is inspiring you? Why is it important? Why now? *

Word count:
Must be no more than 200 words.

How does your practice or project connect to Redland City Council's Corporate Plan and Creative Arts Service Strategy?

Word count:
Must be no more than 100 words.

Describe your connection to Redlands Coast? *

Word count:
Must be no more than 200 words.
Are you a current or previous resident, regular visitor, local artist or creative collaborator? Please describe your connection to the region.

How will this opportunity benefit your career progression and professional goals? *

Word count:
Must be no more than 200 words.

How many PASSAGE Mentorship Sessions will you attend? *

☐ 7th November 2026
☐ 19th December 2026
☐ 23rd January 2027
☐ 27th February 2027
☐ I/We are not available to attend any of the above

Select all that apply.

Personnel

How many artists/creatives (including yourself) are there in your team? *

Must be a number.
Put 1 if you are a solo artist

List full names and roles of your creative team: *

Please list full names and position titles.

Artist CVs/Bios *

Attach a file:

Does anyone in your team have access requirements? If so please detail so that we can assist you.

Support Material

Please upload Letter/s of Support: *
Attach a file:

Other relevant support material:
Attach a file:

Budget

Please outline below how the $2,000 stipend will be expended.

Expenditure	**$**
	$
	$
	$
	$
	$
	$
	$
	$

Budget Totals

Total Expenditure Amount
$
This number/amount is calculated.
Amount must be no more than $2,000.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ○ Yes ○ No

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.