

APPLICATION FORM

NAME		AGE
PLEASE LET US KNOW WHAT YOUR DISABILITY IS IF APPLICABLE:		
<input type="checkbox"/> SEN <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Sight Impairment <input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Any other disabilities:		
INDIVIDUAL	SCHOOL	
YOUR HOME ADDRESS - PARENT / GUARDIAN	YOUR SCHOOL ADDRESS - TEACHER	
POSTCODE	POSTCODE	
PARENT'S / GUARDIAN'S NAME	TEACHER'S NAME	
PARENT'S / GUARDIAN'S PHONE NUMBER	TEACHER'S PHONE NUMBER	
PARENT'S / GUARDIAN'S MOBILE NUMBER	TEACHER'S MOBILE NUMBER	
PARENT'S / GUARDIAN'S EMAIL	TEACHER'S EMAIL	
PARENT'S / GUARDIAN'S SIGNATURE	TEACHER'S SIGNATURE	
Entries for children under 18 years of age must be signed by an adult		

MEDIA CONSENT: Please note by submitting your entry you are permitting the RSI Art Award to use your artwork for promotional purposes across Online and printed media.

SCHOOL HOLIDAY CONTACT: Please provide a contact available during School holidays. WE ARE UNABLE TO PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION	
CONTACT NAME	
PHONE NUMBER	

I AM ENTERING THE FOLLOWING CATEGORY(S) - ✓ PLEASE TICK

Child 7 - 15 years Youth 16 - 18

Drawing and Painting Digital Art Photography

ART TEACHER / SUPERVISOR / COORDINATOR / STAFF

Please provide the below information

NAME OF TEACHER	CITY
COUNTRY	ORGANIZATION NAME
ORGANIZATION ADDRESS	ORGANIZATION WEB
EMAIL	ADDRESS

*** Please ensure ALL the above sections are completed ***

SOCIAL MEDIA:

Please don't forget to tag us on your school social media platforms



RSI Art Award

<https://www.facebook.com/RSIArtAward>

<https://www.instagram.com/rsiartaward>

<https://twitter.com/RSIArtAward>