Curator Information Form

This form is to be completed by the Artist and submitted as part of your submission package, for project administration by public art curatorial staff. The personal information collected on this form will be kept confidential and is not provided to juries.

Personal information on this form is collected under the authority of sections 11 and 227 of the Municipal Act, 2001. The personal information you agree to provide herein, will be used by the Corporation of the City of Mississauga (the "City") for internal administration and statistics-gathering purposes only (the "Purpose"). The information will not be disclosed to any outside party. Questions about this collection should be directed to Rachel Pennington, Public Art Curator, Parks, Forestry & Environment Division, 300 City Centre Drive, Mississauga, ON, L5B 3C9, Telephone: 416-669-4257.

1. Artist Contact Information

Name(s):

Pronouns: *(common pronouns are she/her/hers, he/him/his and they/them/theirs)*

Mailing Address:

Email Address:

Website:

Social media links:

2. References

Please provide contact information for two references who can speak to the artist's artistic practice and interest and/or experience in public art projects. If contacted, information provided by a reference may be shared with art selection panel members. However, their contact information provided on this form will remain confidential.

Reference Name:

Pronouns:

Title:

Organization:

Email Address:

Phone Number:

Reference Name:

Pronouns:

Title:

Organization:

Email Address:

Phone Number:

3. Artist Declaration

I am 18 years of age or older. I have read and understand this form, and by signing below, I hereby voluntarily give my consent and authorize the City to collect the personal information I have provided herein for the above-stated Purpose, and to do so without any payment or compensation to me of any kind. I hereby declare that the information provided in this entire submission package is true and correct to the best of my knowledge.

Signature:

Name:

Date: