**Personal Information:**

Surname:

Name:

Date of birth:

Gender: Male Female

Nationality:

Passport Number:

**Additional Information:**

Address:

Postcode:

Country Phone number:

City:

E-mail:

Web: http://

**Languages:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Basic |
| French |  |  |  |  |
| English |  |  |  |  |
| Other languages: |  |  |  |  |
| \* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Project:**

Give a clear and concise description of the Project you are planning to undertake during your stay:

**Materials and stay in Gozo (MALTA):**

*1. What kind of materials you need to create three works during the Art Camp?*

* Acrylic
* Oil

This is a basic kit with standard colours proposed by the manufacturers. We are subject to a very limited budget. If anyone needs specific colours or materials, these will have to be provided by your goodselves.

The organisers of the Art Camp 2017, have prepared for all artists, a kit consisting of brushes, crayons and three paintings of two different sizes: 60 x 70 cm and 40 x 50 cm.

2. *Do you have any kind of inconvenience to share a room with another artist?*

* Yes
* No

If you answer is yes, you will have to pay the extra fee for the stay in a single room.

**Regulation:**

* You have to be an artist.
* Should have no problem working with other artists, socialize, interact and share the wonderful experience of Art Camp.
* Must be able to create at least 3 original works during the stay of Art Camp, which is ten days.

• They can present their culture, their traditions through food, dance, etc..

* Attach a Resume of the Artist and a Portfolio of the works done with this Application form.

**Declaration:**

I hereby confirm my registration for the second Art Camp edition to be organized by Maltese National Commission of UNESCO and the UNESCO Education, Science and Culture Centre Coordinator in Gozo from 7 to 20 May 2017. I will comply with the requirements and arrangements provided by Maltese National Commission of UNESCO regarding the participation in the Art Camp.

I certify that the above information is true and correct.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

**Send the application form to the Maltese National Commission for UNESCO:**

* **By e-mail: *philip.a.cassar@gov.mt*.**
* **Contact person: Philip Cassar**
* **Phone number: +356 99492600**

**or**

* **By e-mail: *kevin.sciberras@gov.mt*.**
* **Contact person: Kevin Sciberras**
* **Phone number: +356 79564226**