



Po Leung Kuk Youth Community Arts Centre

“Young Artist in Residence@V54”

Application by Group

To be completed if Applicant is a local arts organisation & oversea artists / groups.  
Please refer to Application Guideline before completing the form

Group Information

Name \_\_\_\_\_ (CHIN) \_\_\_\_\_  
\_\_\_\_\_ (if applicable)

Nature  Business Registration  Registered under Societies Ordinance Cap. 151

*Copies of the*  Charitable Institution or Trust of a  Registered under Companies Ordinance Cap. 622

*above* Public Character (under Inland Revenue

*documents are* Ordinance Cap. 112)

*required*  Registered schools  Government Bureau / Department / Statutory  
Bodies

Others: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Tel. \_\_\_\_\_ (Able to contacted by WhatsApp)

Artistic Format \_\_\_\_\_ Experience \_\_\_\_\_

***Particulars of Responsible Person of the Organisation***

Name \_\_\_\_\_ (CHIN) \_\_\_\_\_ (if applicable)

Position \_\_\_\_\_

Email \_\_\_\_\_ Tel. \_\_\_\_\_ (Able to contacted by WhatsApp)

Residency Application

(Move-in date should be at least 6 weeks from submitting application)

Period: (DD/MM/YYYY) \_\_\_\_\_ To (DD/MM/YYYY) \_\_\_\_\_

Overseas Organisation \_\_\_\_\_ Artistic Format \_\_\_\_\_

Name of resident artist \_\_\_\_\_ Residency \_\_\_\_\_ Room \_\_\_\_\_

accommodations

*Please copy and fill in the “Particulars of the resident artist” for each resident artist.*

Work presentation # (DD/MM/YYYY) \_\_\_\_\_ To (DD/MM/YYYY) \_\_\_\_\_

**# The Project would provide the venue for three days residency work presentation. Administration fee are required for extra booking. Please contact the staff if you have any enquiries**

**# The Artist shall be responsible to arrange helpers for the safe operation of their work and provide maintenance during the presentation.**

Community engagement  Community arts workshop  Artist sharing  Arts Appreciation programme

Design thinking workshop  others : \_\_\_\_\_



**Particulars of the resident artist(s)**

(please copy this form if needed)

Name: \_\_\_\_\_ (CHIN) \_\_\_\_\_ (if applicable)

Birth: (DD/MM/YYYY) \_\_\_\_\_ HKID No. /  
Passport No.: \_\_\_\_\_ ( )

Artistic Format: \_\_\_\_\_ Experience: \_\_\_\_\_ Year

Experience of residency:  Nil  Yes Name of the Project: \_\_\_\_\_  
Year of residency: \_\_\_\_\_  
Name of the Work: \_\_\_\_\_

Cooperate with non-profit organisation:  Nil  Yes Name of the Project: \_\_\_\_\_  
Year: \_\_\_\_\_  
Name of the Work: \_\_\_\_\_

**Residency accommodations**

(Successful applicant(s) must pay a one-month deposit and one-month installment seven working days before move-in)

Select	Room Size	Residency Fees per month (HK\$)
<input type="checkbox"/>	60 sq. ft. (1 pax)	\$5,500
<input type="checkbox"/>	90 sq. ft. (1 pax)	\$6,500
<input type="checkbox"/>	120 sq. ft. (1 pax)	\$7,500
<input type="checkbox"/>	140 sq. ft. (1 pax)	\$8,500
<input type="checkbox"/>	160 sq. ft. (1-2 pax)	\$9,500
<input type="checkbox"/>	190 sq. ft. (1-2 pax)	\$12,000

**Residency Details**

(1) Artist Biography (200 words max. Resume and portfolio are required to submit)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) Artist Statement (Topics / content focused on, highlighted artworks, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(3) Residency project description and intent

Media: \_\_\_\_\_ Topic: \_\_\_\_\_

Project description (300 words max.):

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(4) Community Engagement (Work presentation is not included)

Name: \_\_\_\_\_

Session: \_\_\_\_\_ Session: \_\_\_\_\_

Targeted group / Age: \_\_\_\_\_ Targeted group / Age: \_\_\_\_\_

Materials / equipment needed: \_\_\_\_\_  
\_\_\_\_\_

Programme description (300 words max.)

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Please read the application guideline and confirm the below supporting document are ready:

- Signed Application form
- Applicants' Resume / CV ; organisational brief
- Applicants' portfolio: Artwork pictures / Performance video highlight / Sample of publication
- Photo portrait of the applicant(s)
- Production schedule of the Residency project
- I hereby acknowledge and agree with content stated in "Application Guideline"

Declaration:

I declare that the information given above is true and correct. I understand that if I knowingly supply false information or withhold any material information, the application would be cancelled.

Name of Applicant and Signature: \_\_\_\_\_

Organisation Chop: \_\_\_\_\_  
\_\_\_\_\_

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



### Personal Data Collection Statement

The personal data provided by means of this form will be used by Po Leung Kuk for the following purpose:

- Processing of applications for “Young Artist in Residence @V54”;
- Communication in normal circumstances or in case of emergencies; and
- For delivering promotional information of Po Leung Kuk.
- Under the provision of the Personal Data (Privacy) Ordinance, applicants have rights to request access to, and to request the collection of, their personal data.

### Submission

Apply by email or post. The Kuk would process the applications after the necessary document are received.

Email: [plk.ycac@poleungkuk.org.hk](mailto:plk.ycac@poleungkuk.org.hk)

Postage: “Young Artist in Residence@V54”

2/F, Po Leung Kuk Kwok Law Kwai Chun Children Services Building, 66 Leighton Road, Causeway Bay

Enquiry

Tel. / WhatsApp: (852) 5726 5454

Email: [plk.ycac@poleungkuk.org.hk](mailto:plk.ycac@poleungkuk.org.hk)