

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

Eligibility

* indicates a required field

OFFICIAL SENSITIVE

You must meet all of the following criteria to be eligible in this program:

Are you a South Australian musician/band, writing and performing original music?

*

☐ Yes

☐ No

Have you been based in and operating in South Australia for at least the previous six months from the round opening date?

☐ Yes

☐ No

DECLARATION: I (the applicant) have read and understood the Guidelines.

☐ Yes

Guidelines for this round are available to download from <https://www.create.sa.gov.au/funding-and-grants/Music-Development-Office-Funding/robert-stigwood-fellowship-program>

DECLARATION: I (the applicant) have answered truthfully to the above questions.

*

☐ Yes

Do you (the applicant) have any overdue funding acquittals with the State Government of South Australia?

☐ Yes

☐ Unsure

☐ No

You must submit overdue acquittals to be eligible to receive new funding. If you are unsure of your acquittal status for previous MDO grants, please contact the MDO via email to mdu@sa.gov.au or ph 8429 3555.

Go to Application

*

☐ Tick here to continue

IMPORTANT:

After you answer *all* of the above questions, you should see an option to "Go to Application". If this option does not appear, then you may **not eligible to apply** for this grant program. Please refer to the [Program Guidelines](#).

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

Contact Details

* indicates a required field

Primary Contact

The Primary Contact (individual) is the official Applicant. This individual person may represent themselves or a band.

If successful, the Primary Contact's business address, email, and ABN will be on any legal documents (e.g. Funding Agreements) and will be the main contact responsible for this grant.

Please ensure all details are correct.

Applicant/Primary Contact *

Title	First Name	Last Name

For your 'Trading as' name:

- If you are a **solo artist**, enter your **performing name** (this may or may not be the same as your given name).
- If you are a **band** enter your **band name**.

Trading as *

Email *

Primary phone number *

Business street address or PO Box *

Address

Please provide the address AS IT APPEARS ON YOUR BUSINESS INVOICES.

Do you have a South Australian registered ABN? *

☐ Yes ☐ No

If you don't have a South Australian ABN, please specify why not:

Applicant ABN

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

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	

Do you identify as any of the following? *

- | | |
|----------------------------------|---|
| ☐ Female | ☐ Gender diverse |
| ☐ Male | ☐ Prefer not to say |
| ☐ Non-binary | ☐ Other: |

Do you identify as any of the following? *

- | | |
|--|--|
| ☐ Young people (under 18yrs) | ☐ People living in regional or remote communities |
| ☐ Youth (Under 26) | ☐ Aboriginal and Torres Strait Islander peoples |
| ☐ People with disability | ☐ None of the above |
| ☐ People from culturally and linguistically diverse backgrounds | ☐ Other: |

In which of the following age ranges do you fall? *

- | | |
|--------------------------------|---|
| ☐ Under 18 | ☐ 36-50 |
| ☐ 18-25 | ☐ 51-65 |
| ☐ 26-35 | ☐ Prefer not to say |

Would you like to nominate a Secondary Contact for this application? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

e.g. Manager, band mate etc

Parent and/or Guardian Contact

Parent or Guardian *

Title	First Name	Last Name

Parent or Guardian primary address *

Address

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Parent or Guardian primary phone number *

Must be an Australian phone number.

Parent or Guardian primary email *

Must be an email address.

Secondary Contact

This contact will be included in all official correspondence regarding the application.

Secondary Contact

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

Secondary Contact Position / Role

Secondary Email

Secondary Contact Phone Number

Secondary Contact Address

Address

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Artist details

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

* indicates a required field

General

Biography *

Word count:

Must be no more than 250 words.

Key achievements/career highlights *

Word count:

Must be no more than 250 words.

Career goals *

Word count:

Must be no more than 250 words.

Artist management

Do you have a manager? *

☐ Yes

☐ No

Manager name *

First Name

Last Name

Management company name *

Organisation Name

Do you have a tour manager? *

☐ Yes

☐ No

Tour Manager Name *

First Name

Last Name

Tour management company name *

Organisation Name

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

Do you have a publicist? *

☐ Yes

☐ No

Publicist name *

First Name

Last Name

Publicist company name *

Organisation Name

Do you have a contract with a record and/or publishing label? *

☐ Yes

☐ No

Label Name *

Organisation Name

Fellowship details

Internal Use Only

Total Amount Requested

\$25000

Start Date

End Date

This is the maximum value of the Artist Fellowship

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Support material

** indicates a required field*

General web presence

Website (or 'other') *

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

If you don't have your own website, please enter something that represents your online presence, e.g. artist Instagram, Facebook account. Additional links can be provided in an upcoming section of the application.

Facebook link

Number of Facebook followers

Instagram link

Number of Instagram followers

TikTok link

Number of TikTok followers

Music and video links

This is an opportunity to provide **relevant links** to sites that showcase your business, including **streaming sites**. Please provide links to sites where your music or vides can be **streamed online**. Please provide streaming links rather than links to downloadable files or folders. **Dropbox, SharePoint and similar file-sharing platforms that require downloads will not be reviewed.**

Unreleased material may be shared using private streaming links. Include any required passwords or access codes below.

Music or video link #1

Music or video link #2

Music or video link #3

Link access codes/passwords

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

If any of the links provided above require a password, access code or other login details, please enter them here.

Spotify link

Spotify streams (highest value)

Explanatory notes for streaming statistics

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Declarations/consents

* indicates a required field

(a) I declare that I have the authority to complete this Application Form and to make the declarations, consents and acknowledgements below on behalf of the Applicant, and further acknowledge that by including my name in this Application Form, I am deemed to have signed this Application Form as an authorised representative of the Applicant.

(b) I declare that the Applicant meets all the Eligibility Criteria as set out in the Program Guidelines.

(c) I declare that I have read and understood the Program Guidelines and the instructions set out in this Application Form (including but not limited to the provisions relating to Confidential Information, Disclosure of Information and Privacy outlined in the Program Guidelines).

(d) I agree and consent to the Department of the Premier and Cabinet/Music Development Office using the personal information in this Application Form in accordance with the Program Guidelines, including but not limited to for the purpose of managing the grant assessment and approval process, including the collation of statistics.

(e) If my application is successful, I acknowledge and agree to the Applicants name, details of the Applicants business, details of the Project Activity and awarded amount being presented in media releases, published on the Music Development Office webpage, and used by the Minister for Arts for communications regarding the application.

(f) If the Project Activity involves working with children and young people aged under 18 years, I declare that I have read and agree to comply with the South Australian Governments [Protocols for Working with Children in Art](#).

(g) If my application is successful, I agree to comply with the Music Development Office requirements to adopt and implement a [Respectful Behaviours](#) policy and procedure.

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

(h) I declare that the information contained in this Application Form together with any statement attached and all other information provided in relation to this Application Form is, to the best of my knowledge, true, accurate and complete. I also understand that giving of false or misleading information is a serious offence under the Criminal Law Consolidation Act, 1935 (SA).

(i) I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this Application Form (and/or associated documents) and that during the application process, the Music Development Office/Department of the Premier and Cabinet may consult with other government agencies or engage external advisors about the information provided in the Application Form (and associated documents).

(j) I acknowledge that if the Government is satisfied that any information provided in this Application Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Government may, at its absolute discretion, take appropriate action which may include, but is not limited to, excluding my Application Form from consideration; withdrawing a funding offer and/or terminating any grant agreement including recovering funds already paid.

(k) I declare that the Applicant will comply with, and require that its employees and contractors comply with, all applicable laws and Government policies.

(l) I understand that the assessment of my Application Form and any decision to approve any funding is at the absolute discretion of the South Australian Government.

I agree to the above Declarations as (or on behalf of) the Applicant *

☐

I am the Authorised Representative for agreeing to these Terms and Conditions and Declarations *

☐

Solo Artists are considered Authorised Representatives for their own applications. Bands, businesses and organisations may opt to have an alternate role (e.g. Manager, CEO, Board Director) act as the Authorised Representative, if the person completing the application is not authorised to make the declarations above.

Authorised Representative *

First Name

Last Name

Position/role *

I consent to the Music Development Office using the personal information I have provided to advise me of other Music Development Office grant programs, services, initiatives and events. *

☐ Yes

☐ No

Lastly, how did you find out about the MDO's Robert Stigwood Fellowship program? *

☐ MDO webpage

☐ Print media

Robert Stigwood Fellowship 2027 - ARTISTS

Form Preview

- ☐ Word of mouth
- ☐ Social media (e.g Facebook)
- ☐ E-newsletter
- ☐ Online media (e.g. apps, news websites)
- ☐ MDO Grant Info Session
- ☐ Other: