

# Robert Stigwood Fellowship 2027 - INDUSTRY

## 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 local music business/organisation who supports professional original\* South Australian artists in the creation, presentation, production, delivery or development of original music? \***

☐ Yes ☐ No

\*Original artists are those who write and perform their own music.

**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://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](mailto:mdu@sa.gov.au) or ph 8429 3555.

**Go to Application**

\*

☐ Tick here to continue

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#### 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](#).**

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### Contact details

\* indicates a required field

#### Primary contact

The Primary Contact (individual) is the official Applicant. This individual person may represent themselves or a business with multiple staff.

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

#### **Role \***

|  |
|--|
|  |
|--|

#### **Business 'Trading as' name \***

|  |
|--|
|  |
|--|

This is your brand name / public facing name. In some cases this is different than the legal business name.

#### **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:**

|  |
|--|
|  |
|--|

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### Applicant ABN

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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main Business Location                            |                                  |

### Do you identify as any of the following? \*

- |                                  |                                         |
|----------------------------------|-----------------------------------------|
| <input type="radio"/> Female     | <input type="radio"/> Gender diverse    |
| <input type="radio"/> Male       | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Non-binary | <input type="radio"/> Other:            |

### Do you identify as any of the following? \*

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

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

- |                                |                                         |
|--------------------------------|-----------------------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 51-65             |
| <input type="radio"/> 18-25    | <input type="radio"/> 65+               |
| <input type="radio"/> 26-35    | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 36-50    |                                         |

### Do you have an Auspice? \*

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

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

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

e.g. Other staff member or main business contact

### Parent and/or Guardian Contact

### Parent or Guardian \*

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| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Parent or Guardian primary address \*

Address

  

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            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Secondary Contact position/role

### Secondary email

### Secondary Contact phone number

### Secondary Contact address

Address

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**\*DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY\***

### Auspice details

#### Auspice \*

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

#### Auspice position

#### Auspice primary phone number

Must be an Australian phone number.

#### Auspice primary email

Must be an email address.

#### Auspice ABN

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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main Business Location                            |                                  |

### Business details

\* indicates a required field

#### General

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### Business description \*

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.

### Please specify your type of business: \*

☐ Sole trader

☐ Business

☐ Other:

☐ Partnership

☐ Freelancer

### How many years has your business been in operation? \*

☐ Less than 6 months

☐ 1+ - 3 years

☐ 5+ - 10 years

☐ 6 months - 1 year

☐ 3+ - 5 years

☐ 10+ years

### What is your core business activity? \*

☐ Studio

☐ Record label

☐ Promoter/events

☐ Media/PR

☐ Producer/engineer

☐ Manager

☐ Agent

☐ Other:

### Do you have any other core business activities? \*

☐ Yes

☐ No

### Please tick all other core business activities:

☐ Artist

☐ Record label

☐ Media/PR

☐ Training

☐ Venue

☐ Manager

☐ Retail

☐ Manufacturing

☐ Studio

☐ Promoter/events

☐ Rehearsal room

☐ Other:

☐ Producer/engineer ☐ Agent

### What percentage of your core business activity is directly related to contemporary original music? (%) \*

### Which of the following best describes income you earn specifically from your core business activity? \*

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- ☐ This is my ONLY source of income
- ☐ This is my MAIN source of income
- ☐ This is NOT my main income source, but I am unable to survive without it
- ☐ This is NOT my main income source. It is supplementary income, I can survive day to day without it
- ☐ Other:

**What percentage of your core business activity income is derived from exports (outside of SA)? (%) \***

**Who are the primary beneficiaries of this project/program?**

No more than 5 choices may be selected.

In this instance, 'project/program' refers to your core business activity. If you directly support youth, people living in remote communities, Aboriginal and Torres Strait Islander peoples or others, please select those who benefit from your activity.

## Business Location

**All areas where you have business activity: \***

- |                                                     |                                                    |                                                       |                                                |
|-----------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> International              | <input type="checkbox"/> Adelaide: Eastern Suburbs | <input type="checkbox"/> Fleurieu and Kangaroo Island | <input type="checkbox"/> Light and Lower North |
| <input type="checkbox"/> Interstate                 | <input type="checkbox"/> Adelaide: Western Suburbs | <input type="checkbox"/> Yorke and Mid North          | <input type="checkbox"/> Limestone Coast       |
| <input type="checkbox"/> Adelaide: CBD              | <input type="checkbox"/> Adelaide Hills            | <input type="checkbox"/> Far North                    | <input type="checkbox"/> Murray and Mallee     |
| <input type="checkbox"/> Adelaide: Northern Suburbs | <input type="checkbox"/> Barossa                   | <input type="checkbox"/> Eyre and Western             | <input type="checkbox"/> None of these         |
| <input type="checkbox"/> Adelaide: Southern Suburbs |                                                    |                                                       |                                                |

## Venue Details

**Venue Name**

Organisation Name

**What best describes your venue? \***

- |                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Pub or hotel not serving meals | <input type="radio"/> Theatre or performance hall   |
| <input type="radio"/> Pub or hotel serving meals     | <input type="radio"/> Winery, brewery or distillery |
| <input type="radio"/> Dedicated live music venue     | <input type="radio"/> Other:                        |

**Do you have a Liquor Licence? \***

- ☐ Yes ☐ No

**No Liquor Licence - please specify**

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**Do you have a current OneMusic Licence or equivalent - please specify \***

☐ Yes

☐ No

**No current OneMusic Licence or equivalent - please specify**

**Describe the capacity of your performance space(s) in relation to your total venue size. \***

E.g. band room is 40% of the venue's total capacity

### Employment Details

**How many staff work within your business? \***

**How many staff are full time? \***

**How many staff are part time? \***

**How many staff are casual? \***

**How many staff are contract? \***

**How many staff are volunteers? \***

### Fellowship details

*Internal Use Only*

**Total Amount Requested**

\$5000

**Start Date**

**End Date**

This is the maximum value of the Industry Fellowship

Must be a date.

**\*DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY\***

### Support material

\* indicates a required field

#### General web presence

##### Website (or 'other') \*

If you don't have your own website, please enter something that represents your online presence, e.g. business 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

Must be a URL.

##### Number of TikTok followers

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.

##### Additional support link #1

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### Additional support link #2

### Additional support link #3

### Link access codes/passwords

If access to the above urls requires a password or code, please enter it here.

### Spotify link

### Spotify streams (highest value)

### Explanatory notes for streaming statistics

**\*DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY\***

## 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

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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.

(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 \***

☐

Sole Traders are considered Authorised Representatives for their own applications. Other businesses and organisations may opt to have an alternate role (e.g. 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 \***

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**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? \***

- |                                                      |                                                                  |
|------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> MDO Website                 | <input type="checkbox"/> Print Media                             |
| <input type="checkbox"/> Word of Mouth               | <input type="checkbox"/> Online Media (e.g. apps, news websites) |
| <input type="checkbox"/> Social Media (e.g Facebook) | <input type="checkbox"/> MDO Grant Info Session                  |
| <input type="checkbox"/> E-newsletter                | <input type="checkbox"/> Other: <input type="text"/>             |