Victorian Public Sector Disability Employment Action Plan Art Competition

APPLICATION FORM

| About you  |
| --- |
| **Your name** |  |
| **Your legal guardian’s name (if applicable)**  |  |
| **Address in Victoria**  |  |
| **Email address**  |  |
| **Phone number**  |  |
| **Tell us about yourself (no more than 200 words)** |

| **About your work** |
| --- |
| **Title of work** |
| **Tell us about your art work (no more than 200 words)** |

If you require any support or adjustments, or if you have any questions about the application form, please contact Liz Parkinson on 03 9651 0845 or elizabeth.parkinson@vpsc.vic.gov.au**.**