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](mailto:elizabeth.parkinson@vpsc.vic.gov.au)**.**