

Magic of Christmas 2026

Form Preview

Applicant details

* indicates a required field

Contact details

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Trading Name

If applicable

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Working with Children Check number: *

Do you have \$20M Public Liability Insurance? *

- ☐ Yes
☐ No

Applicant Primary Address *

Address

Magic of Christmas 2026

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

Applicant Primary Phone Number *

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

Date of birth *

Must be a date.

Do you identify as:

- ☐ Aboriginal and/or Torres Strait Islander
- ☐ a person from a culturally or linguistically diverse background
- ☐ a person with accessibility needs
- ☐ a person with a disability
- ☐ a person who is d/Deaf
- ☐ LGBTQIA+

Click all that apply

Pronouns *

- ☐ She/Her
- ☐ He/Him
- ☐ They/Them

Click all that apply

If you would like to upload a video of you responding to the above questions please upload here:

Attach a file:

Organisation/ Artist Group Contact Person

Contact person *

Title First Name Last Name

Organisation/ Artist Group Contact Person *

Magic of Christmas 2026

Form Preview

Contact person phone number *

Must be an Australian phone number.

Contact person email address *

Must be an email address.

If you would like to upload a video of you responding to the above questions please upload here:

Attach a file:

Selection Criteria

* indicates a required field

Artist Statement

Artist statement (200 words max) *

Word count:

Must be no more than 200 words.

(200 words max)

If you would like to upload a video of you responding to the above questions please upload here:

Attach a file:

Design proposal

Please outline the concept and how the community will contribute (max 400 words, consider project scope and selection criteria) *

Word count:

Must be no more than 400 words.

(max 400 words, consider project scope and selection criteria)

If you would like to upload a video of you responding to the above questions please upload here:

Attach a file:

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Budget

Please provide a budget for this project \$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount *

\$

This number/amount is calculated.

Timeframe

Please attach a timeline for this project *

Attach a file:

CV

Please attach your CV *

Attach a file:

A maximum of 1 file may be attached.

1 A4 page

Work Examples

Please submit up to 5 good quality images of your work. *

Attach a file:

A maximum of 5 files may be attached.

Each example should be labelled in the following format . Images should be in .jpg format. Video file submissions must be in standard file format such as .mp4 or .wmv

Declaration

* indicates a required field

Council is committed to conducting business in a sound and ethical manner. Responding Organisations must read and familiarise themselves with Council's Statement of Business Ethics provided on Council's website and in the hint below. Responding Organisations must indicate they have read Council's Statement of Business Ethics: *

- ☐ Yes
☐ No

Council's Statement of Business Ethics can be found here: <https://www.georgesriver.nsw.gov.au/StGeorge/files/c8/c85c0a5c-6ba7-45ea-b8df-afc9a4cd0b34.pdf>

Responding Organisations must read and familiarise themselves with Council's Code of Conduct provided on Council's website and in the hint below. Responding Organisations must indicate they have read Council's Code of Conduct: *

- ☐ Yes
☐ No

Council's Code of Conduct can be found here: <https://www.georgesriver.nsw.gov.au/StGeorge/media/Documents/Council/Governance/Codes%20and%20Policies/Code-of-Conduct.pdf>

Do you have any relationships with Georges River Council/conflicts of interest to declare? *

- ☐ Yes
☐ No

If you answered yes to the above question please outline the relationship/conflict of interest:

Do you have \$20M Public Liability Insurance? *

- ☐ Yes
☐ No

Do you have a Working With Children Check (WWCC)? *

- ☐ Yes
☐ No

If you answered yes to the above question please provide your WWCC number:

I declare that all information provided is correct to the best of my knowledge. *

- ☐ Yes

If you would like to upload a video of you responding to the above questions please upload here:

Attach a file:

Thank you

* indicates a required field

Thank you for completing this application form.

If you have any questions please contact Public Arts Specialist, Marsha Canning on (02) 9330 6444 or museumgallery@georgesriver.nsw.gov.au

Would you like to be added to our Public Art mailing list? *

- ☐ Yes
- ☐ No

How did you find out about this opportunity?