

Community Inclusion

Arts Intake
Form 2024

Please keep
this page for
your records

Please return paperwork to:



The Communication and Inclusion Resource Centre –
Customer Service and Support Officer



Email: CommunityInclusion@scopeaust.org.au



Phone: 1300 4 72673

Part 1: Personal Information

Who is making this referral?

Date	
Contact name	
Relationship to person/position	
Organisation <i>(if applicable)</i>	
Email	
Phone	

Who is the person receiving the service?

Title/Salutation	
Name	
Pronoun	
Marital status <i>(if applicable)</i>	
Indigenous status	
Date of birth	
Country of birth	
Email	
Phone	
Address	
	Postcode
Mailing address <i>(if different from above)</i>	
Primary diagnosis	
How does the person communicate? <i>(if relevant)</i>	
Main language spoken at home	
Interpreter required	

Person to make contact with for program/event information *(for client/participant)*

Name	
Relationship to person	
Phone	
Email	

Has the client accessed Scope services before?	Yes	No
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Emergency contact (for client/participant)

Name	
Relationship to person	
Phone	
Email	

Nominee/Guardian (for client/participant)

Name	
Relationship to person	
Phone	
Email	

Part 2: Community Inclusion Arts Program

Kaleidoscope Exhibition (an inclusive Arts exhibition to showcase and sell your artwork)	Yes	No
	<p><i>This program is grant-funded for 2024 so there is no fee for participants.</i></p> <p><i>Please complete Part 3 - Kaleidoscope Artist Information and Part 5 - Additional Information.</i></p>	
Kaleidoscope Art Workshops (inclusive workshops run by artists with disability at various locations - to be confirmed)	Yes	No
	<p><i>This program is grant-funded for 2024 so there is no fee for participants.</i></p> <p><i>Please complete Part 5 - Additional Information.</i></p>	
Telescope (an inclusive Writers competition - an opportunity to write and tell your story)	Yes	No
	<p><i>This program is grant-funded for 2024 so there is no fee for participants.</i></p> <p><i>Please complete Part 4 - Telescope Writer Information and Part 5 - Additional Information.</i></p>	

Part 3: Kaleidoscope Artist Information

Scope is hosting its annual Kaleidoscope Exhibition.

Scope is taking registrations from artists with disability. A number of pieces will be chosen to be in the exhibition.

How to enter

Please send your completed form to CommunityInclusion@scopeaust.org.au. **Please include a photo of your artwork** (you can enter more than one piece in any medium) by

Artist profile (tell us about yourself)

This will be displayed next to your artwork and in the exhibition catalogue.

Tell us about your piece

Title: _____

Medium (for example painting or sculpture): _____

Weight: _____ Dimensions: _____

To make your artwork did you use...

Modified Art Tools, e.g. thick grip paint brush, modified scissors etc.

No Yes

What tools did you use:

Were you assisted to make your artwork?

No Yes

If yes, please specify:

We encourage artists to make their work available for sale.

Do you consent to your original art piece being sold?

Yes No

How much would you like to sell your art for? If you are unsure, put a ? in the Amount box and we can help you to work out how much to sell your piece for.

Amount: _____

Scope may wish to purchase the right to use an image of your work, i.e. produce a printed copy

If so, do you consent to your work being printed? For example, to be used on merchandise such as tote bags or prints. An artist will be paid a minimum of \$75 depending on how many prints are made.

Yes No

Do you consent to images of your work being used for promotional material?

Yes No

Payment details for sold artwork

If your artwork sells, we need to know your bank details so we can pay you. If you would prefer to be paid with a Prepaid Master/Visa Gift Card, there is a small activation fee for each card. This will be deducted from the sale price of your artwork.

Bank Transfer Prepaid Master/Visa Gift Card (can be spent anywhere)

If you selected bank transfer, please provide the details below:

Bank name			
Account name			
BSB		Account number	

Framing

We encourage you or your support person to frame your artwork. You can buy frames from stores like Ikea. E.g. The Ikea Holvsta frame is highly rated and available in multiple sizes and easy to buy online.

<https://www.ikea.com/au/en/search/?q=hovsta>

How to frame artwork video: <https://www.youtube.com/watch?v=8ip8toNmdrA>

Delivery Details

Please deliver your artwork no later than

to your closest Scope Office:

Hawthorn Office - Level 2, 109 Burwood Rd, Hawthorn 3122
East Metro | Glenallen Office - 7 Allen St, Glen Waverley 3150
Golden North Social Connections - 31-45 Bennett St, Bendigo 3550

If you need assistance with delivery, please contact CommunityInclusion@scopeaust.org.au



Part 4: Telescope Writer Information

I am... (choose one)

An individual writer

A writing group/collaborating writers

I am... (choose one)

A young writer (12-17 years of age)

An adult (18 years of age and over)

Did you work with a support person to get your idea into writing?

Yes

No

If you worked with a support person, what did they do?

Author(s) Bio

If you don't know what to write, start with these questions:

- What is your name?
- How old are you?
- What do you like to do in your spare time?
- How long have you been writing?
- What do you like to write about?
- Why do you like writing?

Entries

Fill out one box per entry.

The categories of writing are:

Fiction

Non-fiction

Poetry

Illustrated text

You can enter 1 piece per category (this means that you can have up to 4 entries in total).

Use the comments section in the intake form to add anything you would like to tell us about your work.

If you have entered a portion of a larger piece of writing, please mention this in the comments section.

Title				
Category	Fiction	Non-Fiction	Poetry	Illustrated text
Comments				

Title				
Category	Fiction	Non-Fiction	Poetry	Illustrated text
Comments				

Title				
Category	Fiction	Non-Fiction	Poetry	Illustrated text
Comments				

Title				
Category	Fiction	Non-Fiction	Poetry	Illustrated text
Comments				

Please send your piece/s of writing and completed intake form by

to:

Email Attention: Telescope CommunityInclusion@scopeaust.org.au	Post Guy Brown 7 Allen Street, Glen Waverley VIC 3150
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Part 5: Additional Information

<p>Is there anything about your support needs that you'd like to tell us?</p> <p><i>E.g. Do you need supports around behaviour?</i></p> <p><i>Do you have any health care plans? (E.g. Asthma, Epilepsy, dietary needs etc.)</i></p> <p><i>Do you use alternative communication methods or have mobility aids?</i></p>	<p>Yes No</p> <p>Please describe:</p>
<p>Are there any important cultural or religious beliefs that our staff need to be aware of when providing services?</p>	<p>Yes No</p> <p>Please describe:</p>
<p>Do you need support with making decisions?</p>	<p>Yes No</p> <p>Please describe:</p>
<p>What is the best method of communication for session/event reminders?</p>	<p>Phone Email</p> <p>Text</p>
<p>Scope sometimes works with partners in the community for events and programs. Would you like to be informed of these via email?</p>	<p>Yes No</p>

If you have any queries, please contact: CommunityInclusion@scopeaust.org.au.

Part 6: Marketing and Communications Consent Form

Use this form to give Scope permission to collect, use and or share your information for marketing and communication purposes. This form applies in addition to Scope's Privacy Policy, which is available on our website at scopeaust.org.au/privacy-policy or by asking a staff member.

Consenting Individual's Details

Name			
Address			
		Postcode	
Phone			
Email			

Permission Given

I give Scope (Aust) Ltd and its connected entities ("Scope") my unreserved permission for all still and moving images taken or recorded of me and quotes taken from me ("Content") to be:

- used in any or all promotional and advertising material; and/or
- provided to any third party, including media organisations, government bodies and other non-for-profit organisations and partners for their use as they see fit.

The Content may be used in various media formats including online media, social media, print, newspaper, video, television and electronic forms of communications.

I waive any rights and claims, present and future, to any fees or royalties or other benefits in connection with the use of the Content. I understand that I have no actionable right against Scope in relation to the terms of this release form.

If I wish to withdraw consent for use of the Content, I accept that it is my responsibility to advise Scope in writing. If I withdraw permission for the content to be used, Scope will cease any further publication of the content, but it may continue to appear in material which has already been produced or published.

Written Consent

Signed by the Consenting Individual

The details of this release form have been read by me or explained to me.

Signature: _____

Name: _____

Date: _____

OR Signed on behalf of the Consenting Individual

I am authorised to assist with the decision making or make decisions of behalf of the Consenting Individual.

Signature: _____

Name: _____

Date: _____

Email: _____

Phone: _____

Basis for authority to sign on behalf:

Guardian/administrator (appointed by VCAT)

Supportive attorney (appointed by the individual)

Supportive guardian/Supportive administrator (appointed by VCAT)

Plan nominee

Parent (if individual is a minor)

OR Communicated Consent: Signed on behalf of the individual by a person who has explained the document to them and obtained their consent

I have talked to the person and or their authorised guardian/substitute decision maker about the information on this form.

I am satisfied that the individual and/or their formally authorised decision maker understands the information on this form and has communicated their consent to this.

Signature: _____

Name: _____

Date: _____

Relationship to individual: _____

Consent was indicated by (verbal, comm. aids etc.): _____

Email: _____

Phone: _____

**Please return the completed form to
CommunityInclusion@scopeaust.org.au**

