Form Preview

About

The Eltham Library Community Gallery (ELCG) is inviting proposals from artists and guest curators for our 2026 Rainbow exhibition.

LGBTQIA+ artists and/or curators are invited to submit ideas for a solo, curated or group exhibition. The exhibition will be presented at the ELCG from the 24 January 2026 to 1 March 2026.

Its free to exhibit at the ELCG. The successful exhibition will be put forward as a Midsumma event, and will be supported with a project fee, an opening celebration, and marketing and installation support. We strongly encourage applicants to visit the gallery space before applying.

For further information and to view evaluation criteria visit the <u>Exhibition Information and</u> Terms and Conditions.

Applicants are encouraged to contact us about any access requirements via artsinfo@nillumbik.vic.gov.au or 9433 3359.

We strongly encourage applications from Aboriginal and Torres Strait Islander people, people living with a disability, culturally or linguistically diverse people, LGBTQIA+ and gender diverse people and emerging artists and curators.

You can save this application and return at any time, just select **Save** and log out.

Criteria and eligibility

Criteria for determining successful proposals include:

- 30% Quality of exhibition
- 20% Eligibility for Midsumma Festival 2026
- 15% Suitability to exhibit (exhibition considers the unique gallery space and is suitable for all audiences, the gallery is located in a public space at the entrance of Eltham Library)
- 10% Local or connection to the Shire

The remaining 25% is derived from responses to demographic questions.

• 5% each, Identifies as one or more of Nillumbik's priority group demographics (First Nations Person - Aboriginal or Torres Strait Islander, Culturally or Linguistically Diverse, Person with disability / chronic illness / mental health, LGBTQIA+ and gender diverse, Age - Emerging Artist aged between 18-29)

Asessment

Exhibition proposals will be assessed by a panel comprised of members from the Nillumbik Council Arts and Cultural Advisory Committee, a Social Planning and Equity team member, and Arts & Cultural Development team members.

About you				
* indicates a required f	äeld			
Your name * First Name	Last Name			
What are your gend	er pronoui	ns?		
Please specify *				
Your address				
Address				
Your phone number	*			
Your email *				
Must be an email address	5.			
Website				
Must be a URL.				
If you have relevant	social me	dia accoui	nts list them	here
Select which option Artist Curator Collective/group	best desc	ribes you '	k	
List the full name of	each cont	ributing a	rtist/curator	(if applicable)

Details of your collective/group? * Include the name of your collective and/or the full names of each contributing artist/curator Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live	
Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	
Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	
Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	Details of your collective/group? *
Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	
Do you and the exhibitors have a connection to Nillumbik Shire Council? Select the relevant options below. * Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	Include the name of your collective and/or the full names of each contributing artist/curator
the relevant options below. * Live Live Work Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	include the name of your confective and/or the full harnes of each contributing artist/curator
 Volunteer Study Play No connection to Nillumbik Do you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No 	the relevant options below. * O Live
On you identify as Aboriginal or Torres Strait Islander? * Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No No What can we do to make participation easier (for example, if you are person with	VolunteerStudy
 Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	
 Yes No Unsure Prefer not to answer Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	Do you identify as Aboriginal or Torres Strait Islander? *
Do you or the exhibitors speak a language other than English at home? * Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	YesNoUnsure
 Yes No Unsure Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	 Prefer not to answer
 Prefer not to answer Do you or the exhibitors identify as a person with disability / chronic illness / mental illness? * Yes No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? *	○ Yes
<pre>mental illness? *</pre>	· ·
<pre>mental illness? *</pre>	Do you or the exhibitors identify as a person with disability / chronic illness /
 No Unsure Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * Yes No What can we do to make participation easier (for example, if you are person with	mental illness? *
 ○ Prefer not to answer Are there any barriers that may prevent you or the exhibitors from fully participating in this opportunity? * ○ Yes ○ No What can we do to make participation easier (for example, if you are person with 	O No
participating in this opportunity? * O Yes O No What can we do to make participation easier (for example, if you are person with	
What can we do to make participation easier (for example, if you are person with	
	○ Yes ○ No
a disability)? *	
	a disability)? *

Do you or the exhibitors identYesNoUnsurePrefer not to answer	tify as LGBTIQA+ and/or gender	diverse? *
What are the age ranges of y ☐ 15-24 years ☐ 25-30 years ☐ 31-54 years ☐ 55-64 years ☐ 65 years and over ☐ Unsure ☐ Prefer not to answer	ou and your exhibitors? *	
Financial Details		
Do you have an ABN? * O Yes If you do not have an ABN, you are r ATO before submitting this application	O No required to attach a Statement by a Sup on.	plier available from the
ABN * The ABN provided will be used to check that you have entered the	o look up the following information. (Click Lookup above to
Information from the Australian Bus		
ABN	5	
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.		
Download form		
Statement by a Supplier * Attach a file:		

Primary bank account * Account Name
BSB Number Account Number
Exhibition details
* indicates a required field
Title of the Exhibition *
Exhibition summary (provide a brief summary that can be used for promotional materials) *
indectrois,
Word count: Must be no more than 100 words.
Exhibition statement (describe the conceptual ideas and themes in the exhibition and/or artworks, and why this exhibition would be suited for the 2025 Rainbow Exhibition opportunity at the Eltham Library Community Gallery) *
Word count: Must be no more than 250 words.
Exhibition description (describe how you intend to use the space, what the exhibition will look like, and what equipment or plinths will be required) *

Word count: Must be no more than 300 words.
Have you applied for funding for this project? * ○ Yes ○ No
Are there any public programs or events that you are interested in delivering with Council and Yarra Plenty Regional Libraries as part of your exhibition? *
E.g. a workshop
Attachments
A project fee will be provided to artists/curators.Individual artists can apply and receive a \$5,000 project fee. Individual curators will receive \$1500 and a total of \$3500 will be distributed to participating artists. If the application is by a collective of artists they will receive a total of \$5000 and will need to demonstrate a fair financial breakdown of their budget allocation
Provide a brief budget for this project Attach a file:
Multiple files can be attached
Upload CVs or Bios (1 page only) Attach a file:
Upload one CV or Bio per exhibiting artist to an A4 page. Name files as follows: LASTNAME-FIRSTNAME-CV. Types permitted: DOC, DOCX or PDF
Upload a PDF that includes 10 images which represent the ideas and themes described in your exhibition statement Attach a file:
Include 1 image per page with a maximum of 10 pages in the PDF. Name file as follows: LASTNAME-FIRSTNAME-EXHIBITION TITLE-IMAGES. Types permitted: PDF. The recommended file size is 5MB each, however files can be up to 10MB each.
Image details

Artist	Title	Year	Medium		Image description
		was made	canvas, pencil on paper,	/	or photography credit (if applicable)

Form Preview

i e		

If you have video files, list links to Vimeo or YouTube
Note we do not have access to cloud sharing platforms including: WeTransfer, Drop Box and Google Drive
Public Liability Insurance Certificate Attach a file:
You must have public liability insurance to a minimum value of \$20 million on commencement of th

Terms and conditions

* indicates a required field

Privacy statement

exhibition

Nillumbik Shire Council is collecting your personal information for the purpose of registering and assessing your Grant application.

The information you provide will be used for this purpose or a directly related secondary purpose. This information will only be disclosed to third parties if we are permitted to, required to by law, or if Council uses an external panel to assess the Grant applications.

If you do not provide the requested information or it is only provided in part, we may be unable to accept or consider your application.

You may access the personal information that Council holds about you by contacting Council's Privacy Officer on 9433 3271 or privacy@nillumbik.vic.gov.au

Inclusion statement

Nillumbik Shire Council is committed to creating a fair, equitable and inclusive community where human rights are respected, participation is facilitated, barriers are addressed and diversity is celebrated. We support the rights of all people regardless of age, gender, sexuality, ability or cultural identity. We value the diverse and changing nature of our community and understand that some groups and individuals experience more barriers than others.

Form Preview

Declaration

and Conditions		am Library Community Ga	allery Exhibition Terms
All of the above must be	checked		
Authorised Person's	s Name *		
First Name	Last Name		
Date of Declaration	*		
Must be a date.			
Would you like to jo	in the Nillumbik A	rts a-nowslattar?	
○ Yes	in the Millumbik A	its e-newsietter:	
Already subscribed	t		
J ,			