



# Support for the Individual Artist Programme

## Project Evaluation Form

All clients are to complete both Parts 1 and 2

### Part 1 - Questionnaire

#### General Details

1. SIAP Reference Number:		
2. SIAP Scheme:		
3. Your name:		
4. Address		
5. Post code		
6. Telephone number: home		
7. Telephone number: mobile		
8. Your age	<input type="checkbox"/> 17-24 <input type="checkbox"/> 25-39 <input type="checkbox"/> 40-59	<input type="checkbox"/> 60-79 <input type="checkbox"/> 80+
9. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
10. What are your employment circumstances? (Please tick the main one that applies)	<input type="checkbox"/> Self Employed Employed Full Time: <input type="checkbox"/> in art <input type="checkbox"/> in art related work <input type="checkbox"/> in non arts	Employed Part Time: <input type="checkbox"/> in art <input type="checkbox"/> in art related work <input type="checkbox"/> in non arts <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
11. How did you hear about SIAP?	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Previous contact <input type="checkbox"/> Website	<input type="checkbox"/> Referred <input type="checkbox"/> Newspaper <input type="checkbox"/> ACNI Publication / Newsheet

#### Activity

12. Total ACNI contribution		
13. Total cost of activity		
14. Was the funding used for what was specified in your original application? (Please attach all relevant receipts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Art form(s) practised as a result of support (Please tick all that apply)	<input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Dance <input type="checkbox"/> Literature <input type="checkbox"/> Visual arts and crafts <input type="checkbox"/> Film and video	<input type="checkbox"/> Architecture and murals <input type="checkbox"/> Traditional arts <input type="checkbox"/> Combined arts <input type="checkbox"/> Other, please specify:
16. Start and end dates for the activity funded	Start:	End:
17. Did you complete a piece of work as a result of this support?	<input type="checkbox"/> No <input type="checkbox"/> Yes, performance <input type="checkbox"/> Yes, an art work or craft work <input type="checkbox"/> Yes, a film or video <input type="checkbox"/> Yes, other, please specify:	
18. Would you have been able to do this work without the support	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unsure/not applicable

## Outcomes

19. Has the support increased your confidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
19a. If yes, please give an example how.			
20. Has the support encouraged you to set high standards for yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
21. Has the support raised your credibility as an artist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
22. Has the support given you a chance to showcase your work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
22a. If yes was it:	<input type="checkbox"/> Within UK/ ROI	<input type="checkbox"/> International	
23. Has the support helped you obtain more work / commissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
24. Did you make any useful contacts as a result of the support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
25. Has the support helped develop your creativity skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
25a. If yes, please give an example how.			
26. Did the support contribute to your artistic development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure/not applicable
26a. If yes, how	<input type="checkbox"/> New techniques <input type="checkbox"/> New approaches <input type="checkbox"/> New audiences / participants	<input type="checkbox"/> New applications <input type="checkbox"/> New partners <input type="checkbox"/> Performing skill <input type="checkbox"/> Other	
27. Have you gained skills in any of these areas as a result of the funding support	<input type="checkbox"/> Technical arts skills <input type="checkbox"/> Performing skills <input type="checkbox"/> No skills gained	<input type="checkbox"/> Other, please specify:	
28. If yes, have any of these skills helped you:	<input type="checkbox"/> In home <input type="checkbox"/> Social life <input type="checkbox"/> At work		
29. Are there any other effects the project had on you, that we have not asked about?	<input type="checkbox"/> Yes, please explain:		<input type="checkbox"/> No

## **Part 2 – Post Project Report**

In no less than 500 words please give details of how you spent the money, the success of the project and how you benefited as an artist