



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