

# Holiday Break with the MCA

The MCA is taking art workshops to young people in NSW regional areas in 2022 as a program partner for the Office for Regional Youth's Holiday Break NSW Regional Program. The only visual arts organisation to be part of this important initiative, these free workshops give young people throughout regional NSW the opportunity to connect with creativity and contemporary art.

Led by two MCA artist educators, these workshops will guide young people through a series of activities that encourage play, experimentation, reflection, and expression. The participants will learn about and unpack examples of contemporary art and use simple art materials and everyday objects to practice different mediums and methods of creation. A final celebratory event will bring participants, families, and community together to share in the experience. The program is open to young people aged 14-18 years.

## September school holidays – Lismore Regional Gallery

This program takes place over three days. Please ensure you are available for the whole program before applying.

**Wednesday 28 September 9:30am – 3pm**

**Thursday 29 September 9:30am – 3pm**

**Friday 30 September 9:30am – 12pm**

**Location:** Lismore Regional Gallery, The Quad, 110 Magellan St Lismore.  
Additional venue: Elevator ARI.

To register for the program, please complete the attached application form. In addition, please also complete the image release, survey and feedback permission forms if you consent to some or all of these. Once completed, please return all documents via email to the MCA Learning team, [CreativeLearning@mca.com.au](mailto:CreativeLearning@mca.com.au)

**Applications are due Friday 18 September 2022.** Please be aware that places are limited.

Find out more about MCA Holiday Break by contacting: [creativelearning@mca.com.au](mailto:creativelearning@mca.com.au) or visit [mca.com.au/learn/holiday-break/](https://mca.com.au/learn/holiday-break/)

# Application Form

Name: \_\_\_\_\_ Pronouns \_\_\_\_\_ DOB: \_\_\_\_\_ School year (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Parent/ guardian phone number: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_

Please write 3- 4 sentences outlining why you would like to be part of this program.

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What are some of the ways you like to express yourself creatively? (e.g. cooking, skating, horse riding, photography, dance, sewing, gaming)

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☐ I understand attendance on all days is required.

Signed (applicant): \_\_\_\_\_ Signed (guardian): \_\_\_\_\_

Email: [claudie.frock@lismore.nsw.gov.au](mailto:claudie.frock@lismore.nsw.gov.au) or hand in at Lismore Regional Gallery.

**Applications are due Sunday 18 September 2022**

Program partners

Museum of  
Contemporary  
Art Australia



## Holiday Break permission requests

The MCA, Lismore Regional Gallery and the Office for Regional Youth (our program partner) require parent/guardian permission for the following. Please provide permission for some or all of these requests. All permission is optional and not a requirement to attend the program. If you are 18 years old, you can complete this form independently.

**Parent/guardian or individual name (if 18 years old):**

**Parent/guardian/individual contact:**

**Name of child:**

**Age:**

### Image release:

The Museum of Contemporary Art and Lismore Regional Gallery are seeking permission to take photographs of participants during the Holiday Break program. With your permission any images taken during the program could be used in the following ways, on our websites, in newsletters and social media, staff presentations, and on signage.

**I give permission for myself (if 18 years old) or my child to be photographed during the Holiday Break program. I understand that images will be used for the purpose of promoting programs as outlined above.** YES ☐ NO ☐

### Survey participation:

The evaluation body for Holiday Break are seeking permission for participants to respond to an anonymous and optional paper survey. This feedback will be used to evaluate the program. Permission is only required if the child is 14 years old.

**I give permission for my child to respond to an optional survey at the end of the program.** YES ☐ NO ☐

**Parent/guardian signature:**

**Date:**

**Individual signature (if 18 years old):**

**Date:**

## Consent Form

### Holiday Break: MCA Workshop

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Location: The Quad, Lismore Regional Gallery and Elevator ARI

Date:

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#### Details of individual being photographed or recorded

First name:

Last name:

Thank you for participating in this project. Your consent is sought to allow the Department of Regional NSW to collect and use photographs, images or video footage taken of you and/or your child/ward for this project.

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#### Important information:

- We require consent from a parent/guardian if the individual being photographed or recorded is under the age of 18.
- The personal information you provide will only be accessed by the department and its employees, officers, agents and contractors, for the purposes of this project. This information will not be given to any other person or agency unless you have given your consent, or the department is required or authorised by law to do so.
- Your participation is entirely voluntary and you are not required by law to provide personal information or your image for this project.
- You may contact the department to request access to your personal information and photographs, images or video footage taken of you and/or your child/ward through the following means:
  - Post: 66 Harrington Street, The Rocks NSW 2000
  - Email: [regionalsw.engagement@dpc.nsw.gov.au](mailto:regionalsw.engagement@dpc.nsw.gov.au)

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## Consent Agreement:

I agree:

- a. to the department and its employees, officers, agents and contractors, taking photographs and/or using images and/or making video recordings of me and/or my child/ward, for this project ('digital content')
- b. to the digital content being used and published in department publications and website, including educational or promotional materials, e-newsletters, advertising, online, social and news media, meeting presentations and annual reports or any other forum the department may consider appropriate
- c. to the digital content being retained, stored or managed by the department, whether in hard copy or digitally, including but not limited to the deposit of the digital content in an image library
- d. that I and/or my child/ward will not receive any payment, royalty, or any other consideration (whether monetary or otherwise) from the department or the State of New South Wales in connection with the making, use, publication, retaining, storage or management of the digital content
- e. to waive any right or claim that I may have to inspect or approve any publication or copy where the digital content is being used or published
- f. release the department and the State of New South Wales from any liability either may have to me in connection with the use and publication of digital content in connection with this project.

*[Tick one of the statements below]*

- ☐ I confirm that I am of full age and have the right to enter this agreement in my own name.
- ☐ (If the individual being photographed or recorded is under the age of 18) I declare that I am the parent/guardian of the individual being photographed or recorded.

*I have read and understand the contents of this agreement and give my consent as outlined above.*

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## Signed:

Signature of person giving consent:

*Insert digital signature here by selecting Insert > Add a Signature Line*

Name:

Date:

Address:

Phone:

Email:

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## Witness:

Signature of witness:

Witness Name: