



Art House Residencies February-March 2026

APPLICATION FORM

Artist Information.

Name.....

Address.....

Email.....Phone.....

I am interested in an Art Residency at Clare ArtHouse.

Please indicate dates available. (If you have preferred dates please number in order of preference. If not, simply tick all available.)

- | | |
|-----------------------------------|-----------------------------------|
| ☐ 4/2-9/2 | ☐ 4/3 – 9/3 |
| ☐ 11/2 – 16/2 | ☐ 11/3 – 16/3 |
| ☐ 18/2 – 23/2 | ☐ 18/3 – 23/3 |
| ☐ 25/2 -2/3 | ☐ 25/3 – 30/3 |

Do you have a preferred room? Room 2/Room 4 (please circle)

During my residency I will be (tick all that apply)

- ☐ Working on my art.
- ☐ Selling my art.
- ☐ Artist talks.
- ☐ Workshops.
- ☐ Activities.
- ☐ Demonstrations.
- ☐ Other.....

(Please note that artists can manage their own sales, workshop payments etc and will not pay any commission. If you require ACCV to manage sales a commission of 20% will apply.)

Please provide a brief description of your art practice, photos and/or links to any social media or website.

We look forward to sharing Clare Art House with you,

ACCV team.