

# PEER ASSESSOR NOMINATION FORM



WINNIPEG  
ARTS COUNCIL

The Winnipeg Arts Council welcomes nominations from the arts community to assist in establishing a comprehensive list of potential assessors for future peer assessment panels.

Arts professionals may nominate themselves or others. Nominees for peer assessors should be individuals with experience and knowledge of one or more arts forms who are open-minded and capable of making a fair and informed assessment of the comparative merits of grant applications. The ideal peer assessor demonstrates a generous spirit, and is genuinely and deeply supportive of all artists, arts professionals and arts organizations, whatever their level of experience.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Please identify the discipline(s) you work in:** *(check all that apply)*

Dance  Film / Video  Literary Arts  Music  Media Arts  Theatre  Visual Arts / Craft

**What type of work do you do?**

*(e.g. artist, curator, choreographer, critic, educator, arts administrator, etc.)*

**What areas do you specialize in?**

*(e.g. contemporary dance, new music, sculpture, animation, poetry, young audiences, public art, etc.)*

**What languages do you speak?**

Please indicate your primary language, as well as any others you speak, read, or understand.

**Please attach a current CV or arts résumé.**

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## Voluntary self-identification:

Providing any or all of this information is completely voluntary, but allows us to ensure our programs are supporting diverse art forms, ideas and communities.

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

## Do you identify as Indigenous:

*First Nations*    *Métis*    *Inuit*    *I do not identify as Indigenous*

*You may also describe your Indigenous identity in your own words, such as your affiliation or home community:*

\_\_\_\_\_

## Do you identify as a member of a traditionally underrepresented cultural community?

This may refer to communities of colour or other ethnocultural groups.

*Yes*    *No*

You may indicate the term you prefer to identify: \_\_\_\_\_

## Do you identify as a person who is D/deaf, partially deaf, or hard of hearing?

*Yes*    *No*

You may indicate the term you prefer to identify: \_\_\_\_\_

## Do you identify as a person who lives with a disability or mental or chronic illness?

*Yes*    *No*

You may indicate the term you prefer to identify: \_\_\_\_\_