**REFERENCE**

*Please fill in this Word document form, then print and sign. The completed reference should be scanned (or photographed) and uploaded with the Artist’s Dawn Slade-Faull Award entry via www.dsfa.org.au*

ARTIST’S NAME:

REFEREE’S NAME:

Address:

Phone Number:

Email:

Referee’s relationship with Artist (eg Relative, friend, teacher, instructor, etc):

Referee’s Art or Craft Qualifications (if relevant):

Please give reasons for your support of the candidate’s application. (Please attach a separate sheet if insufficient space)

In what ways could the artistic development of the applicant be assisted by the Dawn Slade-Faull Award? (Please attach a separate sheet if insufficient space)

Signature ............................................. Date: ..................................

*Referees may be contacted by a member of the Trustees for further information*