

EXPRESSION OF INTEREST FOR XCHC (EXCHANGE CHRISTCHURCH)

Your Details

First name:	Last name:
Email:	Phone:
Personal/project website: (If you do not have a website please attach samples of your work & CV)	

XCHC

Where did you hear about XCHC?

Your work

What do you do?

What type of space do you require?

Shared Maker Space	<input type="checkbox"/>	Office space	<input type="checkbox"/>	Showcase space	<input type="checkbox"/>	Exhibition Space	<input type="checkbox"/>	Hot Desk	<input type="checkbox"/>
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Maker Space (If you didn't select studio space please skip this section)

How much area do you require (in square meters)?	<input type="text"/>	What are your working hours?	<input type="text"/>
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What does your practice involve? Do you have any special requirements?

What furnishings are you bringing into your studio? (XCHC does not provide furnishings)

Office (If you didn't select office space please skip this section)

How many desks do you require?	<input type="text"/>	What are your working hours?	<input type="text"/>
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What furnishings are you bringing into your space? (XCHC does not provide furnishings)

Showcase

Do you require use of the showcase space?

If so for what and for which hours?

Collaboration

Would you be interested in participating in any of the below activities?

Group projects with other Residents	Yes No	Public, community or school workshops	Yes No	Selling and Advertising wares in our shop space	Yes No
Open studio events	Yes No	Organizing/curating events or exhibitions	Yes No	Resident Entrepreneur Program - Development	Yes No

Other (please specify):

Do you have experience in any of these? If so, what?

Anything else you would like to add?

ONCE COMPLETED PLEASE EMAIL WITH ANY ATTACHMENTS TO INFO@XCHC.CO.NZ