

Self-Identification Form

The **Black Artist Recognition Award** recognizes artists who are members of the historical Black communities of Nova Scotia and the wider African Diaspora within the province, who have emerged from their initial training or gained experience to become recognized, established artists amongst their immediate communities and Nova Scotia. Recognizing that well-established talented artists whose work is rooted in community are often overlooked, it is important to stress that institutional training is not a requirement. The information in this form will be used:

- To identify eligible nominees for the **Black Artist Recognition Award**
- To help Arts Nova Scotia gather statistics about how we are reaching the designated communities.
- To help Arts Nova Scotia communicate with individuals and organizations from the designated communities.

The information in this form will not be given to the peer assessment committee.

Note: Before you start, please refer to the award description for Eligibility Criteria.

First Name	_____	Surname	_____
Address	_____		
City	_____	County	_____
Province	_____	Postal Code	_____
Phone	_____	Email Address	_____

Are you a Canadian Citizen? Yes No

Have you been a resident of Nova Scotia for at least the last 12 months? Yes No

Please indicate if you are a person who identifies as belonging to one or more of the following groups:

- Mi'kmaq
- First Nations, Inuit, Métis
- Indigenous person from outside of Canada
- African Nova Scotian
- Black
- Racialized person of Asian, Latin American, Middle Eastern descents
Please specify: _____
- Deaf
- Living with a disability
- Living with Mental Illness

I have signed on the signature line below to confirm that I agree to the following:

- The information I have provided is true and complete.
- I have provided the personal information on this form with understanding that it will be used only for the purposes stated in this form and that Arts Nova Scotia requires my written consent before they can use my personal information for any other purpose.

Signature _____ Date _____