**The Brockington Visitorship and Chancellor Dunning Trust Visitorship
Expanded Use Application Form**

A completed nomination form is essential for consideration by the Provost’s Advisory Committee for the Promotion of the Arts. You may vary the length of the sections, but the content is limited to **five pages.** You may include up to 10 pages of supporting documentation, such as letters of support.

**Please submit one electronic copy of your nomination to** **pacpa.provost@queensu.ca****.**

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| **Section 1** |
| **Name of performance; speaker series; scholarly event; residencies; exhibitions; or, media presentations:** |  |
| **Proposed participant(s):** |  |
| **Proposed date of Event:** |  |
| **Is the proposed date of your Event affiliated with any other special event** *(yes or no)*? |  |
| **If yes, please elaborate:** |  |
| **Focus/Topic of Visitorship:**  |
| *(Please explain clearly how and why the focus/topic of the Visitorship will be broad enough to attract and be of interest to a wide audience from the Queen’s campus and the Kingston community. Note that the purpose of the Brockington Visitorship is to bring* ***person(s) of distinction*** *to Queen’s University for a period of two to five days to participate in public lectures; performances; speaker series; scholarly events; residencies; exhibitions and media presentations.)* Please indicate your efforts to ensure the Visitorship is accessible to people with disabilities. In considering this, please refer to the Equity Office’s Accessible Event Planning document located at[: http://queensu.ca/accessibility/how-info/accessible-event-planning](https://www.queensu.ca/accessibility/how-info/accessible-eventmeeting-planning) |

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| **Section 2** *(Please refer to the Guidelines for the Brockington Visitorship.)*  |
| **Reasons for the Visitorship:**  |
| *(Please address the impact the Visitorship will have on enriching the learning environment for students, academic unit(s) and the university and greater Kingston communities.)* |

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| **Section 3** *(Please provide details and/or documentation justifying the budget amounts listed below.)*   |
| **Proposed budget:**  |
| **Marketing/promotion:**  |  |
| **Supplies** *(e.g. venue rental, equipment, etc.)*: |  |
| **Anticipated fees/honorariums** *(if applicable)*: |  |
| **Anticipated hosting expenses** *(if applicable, please list additional costs associated with hosting a guest with disabilities)*: |  |
| **Other** *(if applicable, please list additional costs associated with making the Visitorship accessible to attendees with disabilities)*: |  |
| **Total anticipated costs:**  |  |
| **Total grant requested:** |  |
| **Department ID and financial contact for your unit/department:** |  |

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| **Section 4**  |
| **Nominator(s)** *(name, address, email, telephone)*: |  |

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| **Section 5**  |
| **Acknowledgements** *(please check the buttons below and sign to acknowledge the following):*  |
| **​​☐​**  | Applicants must ensure that the event is accessible to those with disabilities.  |
| **​​☐​**  | Successful applicants will make all arrangements for the event.  |
| **​​☐​**  | The principal event must be open to the public.  |
| **​​☐​**  | Support from the fund should be acknowledged in all publications, programs, and credits.  |
| **​​☐​**  | Any unused portion of an award must be returned, and any budget overages are the responsibility of the applicant.  |
| **​​☐​**  | Successful applicants must submit a final report, including a financial breakdown, within 90 days of the event.  |

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| **Section 6**  |
|     **Signature**  |     **Date**  |
| *If the applicant is a student, a signature from the student’s advisor or home department is also required. This denotes the agreement of the supervisor and/or department to the conditions above and that the student will be supported in the administration of funds.*   |
|     **Signature**  |     **Date**  |