

For the 2021 Bow Open we are partnering up with award winning media company gal-dem.

Artist, curator and gal-dem founding member, Leyla Reynolds will select works for the exhibition, with a call for works that respond to her title **Aboutface: regroup, reorganise, reimagine**

*“The pandemic has made political apathy all the more untenable a characteristic, having so irremediably impacted all of our lives. I’d like to see works that embody this mood of reimagination, that critique, satirise or provide comment on our current political situation and/ or celebrate the notion of living brazenly.*

*I am particularly interested in works that engage with and reference the politicised landscape in which we find ourselves and/or the potential of where we might go from here. These can be ruminatory or anticipatory, but foremost I would like to see works that appear contemporary, urgent and thoughtful as well as visually disruptive.”*

Details of entry:

- You can submit up to three different artworks.
- A maximum of three images per work / submission (1MB max size per image) should be sent.
- Digital works should be submitted as video links via Vimeo/YouTube previews, or sounds links as soundcloud or similar. Files will not be accepted.
- You can send up to three descriptive one-line bullet points per work (optional).

**Deadline:** Monday 21 June 2021, 12 noon

**Notification:** Early July 2021

**Exhibition Dates:** 7 October – 19 December 2021

Name

.....

Studio Name & Number / Artist Educator

.....

### Artwork Submission

Title	Year	Size (H x W cm)	Medium	Price

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If works are for sale, **please include 40% commission in the price**. All proceeds of sales will go towards the Nunnery Gallery’s future programmes.

Please advise of any special requirements your work might have for installation:

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.....

Please describe your work, in no more than 3 sentences per work (optional)

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- 
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I have included up to 3 images per work (please label images by your surname and work title, i.e. SURNAME\_Title) or a video link / password for video work.

### Submit your form

Please email this submission form (preferably including our Equal Opps form, pasted below) together with your images / video link to [submissions@bowarts.com](mailto:submissions@bowarts.com).

The subject line should read “Bow Open Submission FIRST NAME SURNAME”

Please note, to be eligible you need to have been a Bow Arts studio / affordable housing licence holder during the open submission period (17 March – 21 June 2021) or be a registered Bow Arts Artist Educator.

If you have any questions please email [nunnery@bowarts.com](mailto:nunnery@bowarts.com)

## Equal Opportunities Monitoring Form

Bow Arts Trust is committed to promoting equal opportunities.

To assist us in monitoring our policy, we would be grateful if you could complete this form. This information is for statistical purposes only and the data is used in an aggregated and anonymised form. This form may be returned under separate cover if required.

Please tick the appropriate boxes:

### Which age group are you in?

- |                                |                                |  |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 0-16  | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 70-74             |
| <input type="checkbox"/> 16-19 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 75-79             |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 80-84             |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 85+               |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 65-69 |  |

### What is your gender?

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Female     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Male       | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary |  |

### Do you identify as transgender?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |  |

### What is your sexuality?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Homosexual   |  |

*Continued on following page*

**How would you describe your ethnicity?**

- |   |  |
|---|--|
| <input type="checkbox"/> White – English/Welsh/Scottish/ Northern Irish/British | <input type="checkbox"/> Black / Black British – African   |
| <input type="checkbox"/> White – Irish  | <input type="checkbox"/> Black / Black British – Caribbean |
| <input type="checkbox"/> White – Gypsy or Irish Traveller                       | <input type="checkbox"/> Black / Black British – Other     |
| <input type="checkbox"/> White – Other  | <input type="checkbox"/> Mixed – White and Asian           |
| <input type="checkbox"/> Asian / Asian British - Bangladeshi                    | <input type="checkbox"/> Mixed – White and black African   |
| <input type="checkbox"/> Asian / Asian British – Chinese                        | <input type="checkbox"/> Mixed – White and black Caribbean |
| <input type="checkbox"/> Asian / Asian British – Indian                         | <input type="checkbox"/> Mixed – Other                     |
| <input type="checkbox"/> Asian / Asian British – Pakistani                      | <input type="checkbox"/> Arab                              |
| <input type="checkbox"/> Asian / Asian British – Other                          | <input type="checkbox"/> Other                             |
|   | <input type="checkbox"/> Prefer not to say                 |

**Do you identify as a deaf or disabled person, or have a long-term health condition?**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |  |

**What is your religion or belief?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Buddhism     | <input type="checkbox"/> Sikhism               |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Hinduism     | <input type="checkbox"/> No religion or belief |
| <input type="checkbox"/> Islam        | <input type="checkbox"/> Prefer not to say     |
| <input type="checkbox"/> Judaism      |  |