



Model Information Sheet

2016

Thank you for your interest in becoming a model for the Department of Art History, Visual Art & Theory (AHVA) at the University of British Columbia.

Application Process

Please complete the attached **Model Application Form** and submit it by mail or in person to the attention of Andrea Tuele, Administrator, with the following attachments:

- · At least one full-body photograph (or good photocopy). Please send images that clearly reveal your body form. These images are kept in a secure location and are viewed only by instructors and associated staff.
- · A resume detailing modelling or related experience, if you have one.
- · A UBC direct deposit form with void cheque or applicable banking information.

Andrea Tuele will contact you should we wish to add you to our roster.

Once Hired

Should any work become available, AHVA instructors will contact you to set up appointments. Please inform AHVA of changes in your contact information or availability to keep our records up to date.

Most studio classes for which you would be hired take place in the **Dorothy Somerset Studios** at 6361University Blvd near the intersection of University Blvd and West Mall from September through November and January through March. Please ensure that the studio art instructor has told you the classroom number.

The rate of pay for models is \$20.00 per hour for a minimum of 4 hours. Classes are a maximum of 3 hours, so you will be paid \$80 for a session. A Model Payment Form will be completed by the instructor and submitted to the Administrator for payment. It is good practice to keep your own record of the dates and times you work and the instructor names in case any discrepancies arise.

Payroll deposits for hours submitted by the 15th on the 23rd of the month. Payroll for hours submitted by the end of the month occur on the 8th of the following month. If these paydays fall on a holiday or weekend, deposits will be made on the last business day prior to these dates. For issues related to your human resources file and payment, please contact the Administrator, Andrea Tuele at 604-822-3281 or andrea.tuele@ubc.ca.





Model Applica	ation Form		2016
Name:		Phone number:	
Address:		Alternate phone:	
City:	Postal Code:	Email address:	
		_	
Social Insurance Nun	nber:	Height:	
Birth Date (yyyy/mm	n/dd):	Weight:	
Were you referred t	o us by a Staff or Faculty member of UBC? YES		NO
If yes, please note re	feree's name:		
List any previous exp	erience (use reverse side if required):		
Tentative days and ti	mes available for work (use reverse side if required): on to Third Parties		
		ird nartics in search	of notantial models. If
	t History, Visual Art and Theory is occasionally contacted by thi partment to release your name and email address to third part onding declaration.		
University of parties so th the release o personal inju	the undersigned, authorize the Department of Art History, Visual British Columbia and its authorized representatives to release at I may be contacted about modelling opportunities. I acknow of this information. I freely accept and fully assume all such risk arry, loss, or damage. I acknowledge that if I no longer want my or if I would like to be contacted at a different email address,	e my name and emain wledge that there are so and the possibility personal information	il address to third e risks associated with v of any resulting on to be released to
*Disclaimer: AHVA wil No steps will be taken responsible for the pri has been disclosed. AF	o not authorize the release of my name or contact information Il make your name and email information available to third par to verify the identity or intentions of any third party requestin vacy practices of third parties and does not guarantee the secu- IVA does not represent that any third-party offer of employme party who may contact you as a result of your giving the above	ties for your benefit g your name and en urity of your persona ent is credible, nor d	and convenience only. nail details. AHVA is not al information once it
Signature:		Date	::

Attach current photo(s) of yourself and the UBC direct deposit form, and then submit your application to the address below.







Financial Operations 5th Floor - TEF3 6190 Agronomy Road, Vancouver BC V6T 1Z3

Fax 604 822 9233

Payroll Direct Deposit Form ... All fields on this form are mandatory

Account holder name (Last, First):		Employee Number	OF SIN:	☐ Faculty ☐ Staff
Faculty/Department:	email address:		Phone:	Student
Account Information: Please enter you If you have a non-chequir from your bank Note: submitting incorred If you have a chequing accurate the cheque overto Chequing	ng account, please obt ct information could re count, you can obtain	esult in your paymen	t going a	stray.
Your Name 1234 Your Street Yourtown, BC A1A 2B2 Pay to the order of YOUR BANK NAME	MF		D M 1	M Y Y
MEMOTransit # Bank	الرجال			
Transit (Branch) please write in the banking information		unt Number	as a guide	Ц
Banking Institution: Branch Address: I authorize the University of British Columbia to				
Signature	aspects try pay as more about	Date		

Return form to address at top, or fax to 604-822-9233

Privacy Notification: Your personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used for employment purposes only. Questions about the collection of this information may be directed to website@finance.ubc.ca