Form Preview

Program Eligibility

* indicates a required field

Personal Information

By selecting 'Confirm' below, you confirm that:

- you have read, understood and voluntarily agree to the collection and use of your personal information as described in Screen Australia's privacy notice (available on our website here) (**Privacy Notice**); and
- you have informed all individuals whose personal information is to be included in the application form or supporting materials of the matters set out in the Privacy Notice, provided them with a copy (as linked here) and obtained their consent to disclose the relevant personal information to Screen Australia.

| Privacy | Notice | k |
|---------|--------|---|
| □ Confi | rm | |

General Requirements

The SKILLS DEVELOPMENT FUND supports production companies, game development studios and screen businesses to provide skills development through structured work-based learning.

This involves:

- the development of a detailed Skills Development Plan that:
 - addresses the key skills needs of "below-the-line crew" ("Crew") crew and Gamemakers on a given production/s, games project or more broadly the national screen sector; and
 - supports diversity, equity and inclusion;

AND

• an appointed individual from within the company or an external consultant in the role of Skills Development Officer, to oversee the delivery and implementation of the Plan.

Funding of up to \$80,000 is available to deliver an applicant's Skills Development Plan. The fund is open to significant productions or projects across all formats and genres. Game development studios are eligible, as are film and TV production companies and screen businesses servicing the Australian screen sector. A co-contribution from the applicant is strongly recommended.

Before you begin:

- Applicants must provide accurate information to Screen Australia at all times. A
 person or company that makes a false or misleading statement to Screen Australia in
 an application may face criminal or civil liability including liability for an offence under
 the Criminal Code Act 1995. In addition, if funding awarded by Screen Australia was
 obtained by fraud or serious misrepresentation, Screen Australia can revoke its funding.
- It is important that you read our <u>Terms of Trade</u>, the <u>Skills Development Fund</u>
 <u>Guidelines</u> and the <u>Skills Development Fund FAQs</u> to ensure your project is eligible for funding and to help you deliver the strongest application possible.

Skills Development Fund

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- For help completing this application, refer to the <u>Help Guide for Applicants</u> or <u>Applicant Frequently Asked Questions (FAQs)</u>
- For queries about the guidelines, deadlines, or questions in the form, please contact us on 1800 507 901 during business hours or email industrydevelopment@screenaustralia.gov.au and quote your application number

| Please confirm that the applicant company * |
|---|
| ☐ is incorporated and carrying on business in Australia |
| ☐ is a production company, game development studio or screen business |
| ☐ meets the general eligibility criteria in Screen Australia's Terms of Trade. |
| |
| Please also confirm that the project(s) that are the subject of this application * |
| □ have been approved for Screen Australia production funding, and/or |
| □ are of scale and are well known to screen Australia, and/or |
| □ are being provided by a production company with a strong or reputable track record, |
| and/or |
| \Box is the work of an applicant game development studio that is able to provide evidence of |
| a minimum of one shipped game or has received games funding from Screen Australia. |
| |
| Please also confirm: * |
| ☐ funding is not being used to fund or substitute a paid crew role on any production |
| ☐ funding is not being used for professional attachments that are a requirement of Screen |
| Australia, state screen agency or covered as part of another industry program |
| ☐ funding is not being requested retrospectively |
| ☐ funding is not being used for training or skills development for individuals who are |
| already working at the grade or in the role they are moving up to unless there is a detailed |
| case that the step up will mean they are working differently (e.g. moving from one genre/ |
| format to another) |
| $\hfill \Box$ funding is not being used to deliver standard in-house or corporate responsibility training |
| (such as Risk and Compliance, Work Health and Safety, and Corporate Governance), or |
| fundamental skills training (such as time management, communication or problem solving |
| skills), or other types of training that does not deliver genuine career advancement for crew |
| or gamemakers |
| ☐ funding is not being used to develop training modules or materials that are not directly |
| connected to training and skills development activities (such as workshops or training |
| programs) that are also being funded under this program (e.g., training modules or courses |
| to be made available via online training platforms). |
| |
| Applicant Company Name - For Contracting * |
| |
| |

Applicant Company Details

* indicates a required field

Applicant Details

This person takes responsibility for the application and all official correspondence will be directed to them.

Applicant *

| First Name | Last Name | |
|--|--|-------------|
| | | |
| Applicant Brim | any Addross * | |
| Applicant Prima Address | ary Address | |
| | | |
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| Miller Street | toria Street Victoria Street | * |
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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Company Details

Applicant Company ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register | |
|---|--|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |

Skills Development Fund Form Preview

| Goods & Services Tax (| GST) | | | |
|---|----------------------|----------------------|---------------------|----------------|
| DGR Endorsed | | | | |
| ATO Charity Type | <u>More i</u> | <u>information</u> | | |
| ACNC Registration | | | | |
| Tax Concessions | | | | |
| Main business location | | | | |
| Must be an ABN. | | | | |
| Please COPY & PAS Company field belo Applicant Company Organisation Name | w. These fields i | | | into Applicant |
| _ | | | | |
| | | | | |
| Applicant Company Address | Primary Addres | 3S * | | |
| Addiess | | | | |
| | | | | |
| Address Line 1, Suburb/ | Town, State/Province | e, Postcode, and Cou | untry are required. | |
| | | | | |
| Applicant Company | Primary Phone | Number * | | |
| | | | | |
| Applicant Company | Primary Email * | k | | |
| | | | | |
| | | | | |
| Additional Conta | ct (if applicab | le) | | |
| Additional Contact | | | | |
| First Name | Last Name | | | |
| | | | | |
| | | | | |
| Additional Contact | Primary Phone I | Number | | |
| | | | | |
| Must be an Australian p | none number. | | | |
| Additional Contact | Primary Email | | | |
| | - | | | |

Skills Development Plan

Must be an email address.

Skills Development Fund Form Preview

| * indicates a required field |
|--|
| Name of the Skills Development Plan * |
| Commencement date * |
| Please provide a short description of what you are trying to achieve * |
| Word count: Must be no more than 100 words. |
| Have you applied for or received funding from Screen Australia for the production/project? * ○ Yes ○ No |
| Please provide details of Screen Australia funding applied for/received: * |
| |
| How many people will participate in the training? * |
| Must be a number. |
| Please provide an overview of the Skills Development Plan which identifies the specific production(s) and Crew or Gamemaker skills needs and details the steps that will be taken to address them * |
| |
| Word count: |
| Describe how the activities being funded will contribute in a meaningful way to Screen Australia's commitment to increasing diversity, equity and inclusion throughout our sector. See below for more information. * |
| |

Skills Development Fund

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How will you ensure that opportunities and career development support will be provided to First Nations people; people who are from culturally and linguistically diverse backgrounds; people who are Deaf/deaf or disabled; women, people who are non-binary or gender diverse; people who identify as LGBTQIA+; and people located in regional and remote areas.

Examples include:

- Ensuring 50% of people supported are women, non-binary or gender diverse people
- Strategies for diversity recruiting
- Identify company wide training needs that support increased diversity, equity and inclusion i.e Disability Confidence training, Cultural Safety Training, Mental Health Awareness, Inclusive Workplace Training.

| Please provide d principals and ke | | npany history and | d structure, | and details of |
|---------------------------------------|---------------------------------------|------------------------------------|----------------------|--|
| · | ment Plan Deta | ails d <u>Drafting a Skil</u> l | ls Developm | ent Plan. |
| Learning Schedule | Development | - J | Who Will Deliver? | Who Will Participate? |
| | | | | |
| | | | | |
| □ Australian Cap | ital Territory 🗆 N ia 🗆 Tasmania 🗅 | | Northern Te | s will take place * erritory |
| michiaea eace | 0111C3/11113 | | | |
| Please provide you | ır intended outcom | es/KPIs. These sho | uld be quanti | fiable. |
| Proposed Activit | y Inten | ded Outcome | KPI | |
| | | | indicato | ould be a quantifiable or, e.g. a percentage or umerical amount. |
| | | | | |
| | İ | | | |

Skills Development Officer

Skills Development Fund

Form Preview

Please provide the requested information for the nominated individual or external consultant who will take on the role of Skills Development Officer.

| Name | | | |
|---------------------------|----------------------------|---------------------------|----------------------|
| First Name | Last Name | | |
| | | | |
| | | | |
| B ''' | | | |
| Position | | | |
| | | | |
| | | | |
| Phone Number | | | |
| | | | |
| | | | |
| Must be an Australian ph | ione number. | | |
| F | | | |
| Email | | | |
| | | | |
| Must be an email addres | S. | | |
| | | | |
| Skills Development | Officer Bio * | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Word count: | | | |
| | he individual's experience | in the industry and suita | bility for the role. |

Budget Summary

* indicates a required field

Please provide a budget summary detailing all components of the Skills Development Plan including any co-contribution from the production company, game development studio or screen business.

| Budget Item | Screen Australia Ask (\$) | Other Funding (\$) |
|-------------|---------------------------|--------------------------|
| | Must be a dollar amount. | Must be a dollar amount. |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Screen Australia Ask Total

\$

This number/amount is calculated.

Other Funding Total

Skills Development Fund Form Preview

| \$ This number/amount is calculated. |
|--|
| Please provide your full detailed Skills Development Budget using Screen Australia's Skills Development, Training and Inclusive Placements Budget Template. |
| Skills Development Budget * Attach a file: |
| Filename: Skills Development Budget - [Host Company Name].xlsx |
| Submission Materials |
| * indicates a required field |
| Files can be added using the 'Choose Files' button. Please ensure: • Every file uploaded is named according to the filename instructions given • Only upload information that relates to the question being asked • Uploaded files are in the specified format and no ZIP files are included |
| Maximum file size is 25MB |
| Please note: If you have supplied more than the requirement, we will only read/ watch up to the maximum page/duration limit. |
| Nominated Skills Development Officer's CV * Attach a file: |
| Filename: CV - [Individual Name].doc, .docx or .pdf |
| Additional supporting materials: Any other documentation or supporting material that might assist consideration of the application. Attach a file: |
| Filename: [Type of Document] - [Applicant Company Name].doc, .docx, .pdf or .xlsx. If uploading multiple files, please number each. |
| Please ensure you have provided all the attachments requested before submitting |
| To ensure your files can be ingested into our automated systems, and that your application can be processed, please confirm: * ☐ Every file uploaded is named according to the filename instructions given ☐ Uploaded files are in the specified format and no ZIP files are included ☐ Uploaded files are no more 25MB |