Applicant Eligibility

* indicates a required field

General Requirements

For requirements, please refer to the Industry Partnerships Guidelines.

Please confirm that the applicant is (please select one): *				
Please also confirm: * ☐ The activity that is the subject of this application is new, original and inclusive ☐ Funds are not being requested retrospectively ☐ Funds are not being requested for script or story development, nor for production activities ☐ The applicant and applicant company meet the general eligibility criteria in Screen Australia's Terms of Trade. Click here to view Screen Australia's Terms of Trade.				
The application is to meet the following criteria. Please confirm: * ☐ The applicants are currently not in receipt of funding for a similar initiative through any of the Enterprise programs.				
Do the individual applicants, key creatives named in the application, applicant company or related parties have any outstanding debts or contractual obligations (eg, overdue delivery items or reports, debts under P+A loan agreements, or gross proceeds not paid as required) to Screen Australia or its predecessors? (AFC, FFC or Film Australia) *				
Please provide details of outstanding debts or contractual obligations including the relevant agency (Screen Australia, AFC, FFC, Film Australia). *				
Applicant Eligibility Statements				
The Individual Applicants undertake that (please tick to confirm): * ☐ they are Australian citizens or residents; ☐ they are not enrolled full-time in a film, television or interactive digital media course at a film school or other tertiary educational institution; ☐ they are not employees of a broadcaster. At least 3 choices must be selected.				

Applicant Company and Individual Applicant Eligibility Statements

Both the Applicant C that (please tick to c		icable) Individual Applicants undertake
☐ they will always act ☐ they have the capa	t 'in good faith' in all th	eir dealings with Screen Australia; arry out the project that is the subject of the
		et that is the subject of the application
	t copyright and clearan Iful creative control of t	ces); the project that is the subject of the
i the Applicant Comp	oany is incorporated in ement and control in Au	Australia, carries on business in Australia, and
	pany jointly owned by a	er, holding company or subsidiary of a broadcaster or holding company/subsidiary of
At least o choices must be	e selected.	
Applicant Inform	nation	
* indicates a required f	ield	
Applicant Company	Name	
Applicant contact. O First Name	official correspondent Last Name	ce will be directed to this person. *
Email *		
Must be an averil adduced		
Must be an email address		
Mobile *		
Must be an Australian pho	one number.	
Address *		
Address		
Address Line 1, Suburb/To	own, State/Province, Post	code, and Country are required.

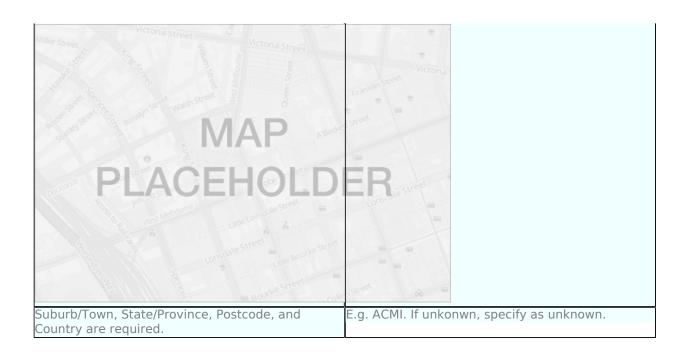
Australian Citizen/Resident *	
Please select your gender: *	
Do you identify as a First Nations Australian? *	
The below field provides a list of language names and the AIATSIS code Database. You can visit the <u>Austlang Database</u> to see more information s you are selecting.	
Please select the Indigenous language group/s you identify with) :
Hint: If relevant select more than one.	
Are you from a culturally or linguistically diverse background? *	
Please select your cultural background/ethnicity: *	
If relevant select more than one.	
What was your first language as a child? *	
Do you have a disability? *	
Please specify:	
Additional Contact person if relevant	
First Name Last Name	

Mobile					
Marak kanana Arrakas Kanana					
Must be an Australian p	none number.				
Email					
Must be an email addre	SS.				
Contracting Entit	ty				
Contracting Inform ○ Individual	ation - Appli		npany Na	me *	
Organisation Name	Organisac	.1011			
First Name	Last Name				
Applicant Company The ABN provided wil		ook up the	following	information.	Click Lookup abov
check that you have	entered the A	BN correct	tly.		· -
Information from the A	ustralian Busin	ess Registe	r		
ABN					
Entity name ABN status					
Entity type					
Goods & Services Tax (GST)				
DGR Endorsed	.,				
ATO Charity Type	<u> </u>	More inform	ation		
ACNC Registration	_				
Tax Concessions					
Main business location					
Must be an ABN.					J
Dala *					
Role *					

to

Address *
Address

Address Line 1, Suburb/Town, State/Province, Post	code, and Country are required.
Phone *	
Must be an Australian phone number.	
Email *	
Must be an email address.	
Must be an email address.	
Activity Summary	
* indicates a required field	
Name of activity *	
,	
Schedule Item	Date
	Must be a date.
Activity Location	Activity Venue



Estimated number of people expected to attend the activit	Estimated	number of	people	expected to	attend t	the activity
---	------------------	-----------	--------	-------------	----------	--------------

- <50
- O 50-99
- O 100-499
- O 500-999
- O 1000+

Briefly describe the type of activity *

Word count:

Must be between 40 and 100 words.

Describe how the activity is inclusive; both in terms of participants and also the organisers and presenters. *

What are the primary areas of focus for this project/program?

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Total amount requested *

¢

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Industry Partnerships

Form Preview

Total budget *		
\$		
Must be a dollar	amount.	

Submission Materials

* indicates a required field

You will need to provide the supporting materials listed below in order to finalise and submit your application.

Files can be added using the 'Choose Files' button.

Please ensure every attachment uploaded is named according to the filename instructions given. If you are uploading multiple files for one question, please number them to indicate sequence.

Please only upload information that relates to the question being asked; do not combine materials into one document. ZIP files are not accepted. Maximum file size 25MB.

Note: Additional materials may be requested.

Please describe the quantifiable outcomes of the activity (KPIs). Use the 'Add More' button to add additional rows.

KPI Description	KPI Target

Activity Plan

The actual plan outlining the details of the activity which may include speakers, panelists and facilitators, proposed participants and/or audience including any regional outreach, and the selection process where applicable.

*
Attach a file:
Filename: Activity Plan - [Activity Name].dox, .docx or .pdf
Budget
The budget including the Screen Australia ask. * Attach a file:

Filename: Budget - [Activity Name].doc, .docx or .pdf

Substantiating documentation for the but Attach a file:	udget *
Filename: Substantiating Documentation - [Activity	y Name].doc,.docx or .pdf
Company Statement	
Background information about the applicant of relevant personnel to effectively run the active	
Company statement * Attach a file:	
Filename: Company Statement - [Activity Name].d	oc, .docx or .pdf
Your application files - It is essential you manner for successful ingestion to our a confirm: *	
 every file uploaded is named according to if multiple files have been uploaded for or 	
sequence. ☐ uploaded files are the specified format an At least 3 choices must be selected.	d no ZIP files are included.
Diversity Information	
Please note this section doesn't form part of yotherwise stated in your funding program's grinformation click 'prefer not to disclose'.	
	use this information for the purposes of h and reporting. For more information, please eport. All personal information will be handled
Please complete for the applicant	
	e else, please ensure you have their permission this section.
Please select the Applicant's role *	Does the Applicant have a disability? *
Is the Applicant from a culturally or linguistically diverse background? *	Does the Applicant identify as LGBTQI+? *
	'LGBTQI+' refer to lesbian, gay, bisexual,
Please select the Applicant's cultural background/ethnicity:	transgender/gender diverse, queer and intersex - the '+' recognises that LGBTQI doesn't include a range of other terms that people identify with,
Please select the Applicant's first language (as a child). If Indigenous, go to the next question.	or use to describe themselves. We acknowledge that one acronym or description may be not able to fully capture the diversity of gender identities,

If first language is an Indigenous language, please select from AIATSIS Austlang Database:	sexual orientations and bodily diversity in our community, and that language is constantly evolving. Our intention is to be as succinct as we can, but inclusive of all.
AIATOTO Australia Database.	