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.

| Pri | vacy | Notice | * |
|-----|-------|---------------|---|
| | Confi | rm | |

General Requirements

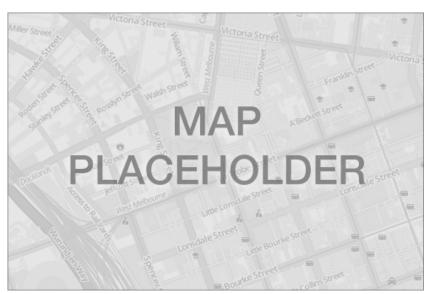
BTL Next Step is a credit springboard and career accelerator program to support established mid-career below-the-line (BTL) practitioners to step up into senior crew and leadership roles that have been identified as experiencing shortages.

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>BTL Next Step Guidelines</u> and the <u>BTL Next Step FAQs</u> to ensure you are eligible for funding and to help you deliver the strongest application possible.
- 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 a production company or screen business |
| ☐ is able to provide opportunities for mid-career practitioners in the ten identified roles* |
| ☐ meets the general eligibility criteria in Screen Australia's Terms of Trade. |
| *The ten identified roles are: 1st Assistant Director, Art Director, Editor, Line Producer, Location |
| Manager, Post Production Supervisor, Production Accountant, Production Manager, Sound Designer, |
| Special Effects (SFX) Supervisor. |
| |
| Please confirm that the opportunity to be provided by the applicant company is: |
| work on a project or projects already approved for Screen Australia production funding |
| (for any genre type), or |

| scale and well known t | o Screen Australia, and | g Screen Australia production funding but of d/or ion company with a strong and reputable trac |
|---|--|---|
| ☐ funding is not bein Screen Australia, state | g requested to fund or g requested for profess screen agency or cove g requested retrospect | |
| Applicant Company | Name - For Contract | ing * |
| | | |
| | | |
| Applicant Detail | S | |
| * indicates a required | field | |
| Applicant Details | | |
| This person takes resp directed to them. | onsibility for the applic | cation and all official correspondence will be |
| Applicant * First Name | Last Name | |
| i ii se ivame | Last Warrie | |
| Applicant Primary A Address | ddress * | |
| | | |



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 Goods & Services Tax (GST) **DGR Endorsed** ATO Charity Type More information **ACNC Registration** Tax Concessions Main business location

Must be an ABN.

Please COPY & PASTE the ENTITY NAME from the ABR lookup above into Applicant Company field below. These fields must be identical.

| Applicant Company Organisation Name | * | | |
|---|---------------------------|--------------------------|---------|
| | | | |
| Applicant Company Address | Primary Address * | | |
| Address Line 1, Suburb/T | own, State/Province, Post | code, and Country are re | quired. |
| Applicant Company | Primary Phone Num | ber * | |
| Applicant Company | Primary Email * | | |
| Tippinguing Company | | | |
| Additional Contac | t (if applicable) | | |
| Additional Contact | | | |
| First Name | Last Name | | |
| | | | |
| Additional Contact P | rimary Phone Numb | er | |
| | | | |
| Must be an Australian ph | one number. | | |
| Additional Contact P | rimary Email | | |
| Must be an email address | 5. | | |
| Opportunity Det | ails | | |
| * indicates a required f | äeld | | |
| Provide a brief desc that will be included | | | |
| Word count: Must be no more than 20 | 0 words | | |

| Please provide details of the principals and key staff. * | ne company history and stru | ucture, and details of |
|---|--|--|
| | | |
| Provide a brief description supervised. * | of any other placements th | at the company has |
| | | |
| Project Details | | |
| | he production or slate of produ should your application be suc- ion. | |
| Placements must start after | er March 3, 2025. | |
| Project Title * | Anticipated placement cost * | Roles Available (select all that apply) * |
| | \$ | ☐ 1st Assistant Director ☐ Art Director |
| | Must be a dollar amount. | □ Editor |
| | riase se a donar arribante. | ☐ Line Producer☐ Location Manager |
| Logline / short synopsis * | Number of production weeks * | □ Post Production Supervisor □ Production Accountant □ Production Manager □ Sound Designer |
| Genre(s) * | Must be a number. | ☐ Special Effects (SFX) Supervisor |
| delife(s) | | Weekly rate * |
| | Length of opportunity (weeks) * | \$ |
| | | • |
| Production location * | Must be a number. | Must be a dollar amount. |
| Address | Must be a number. | Any other costs (e.g. fringes) * |
| | Estimated placement start date * | Any other costs (e.g. fringes) * |
| | Estimated placement start date | \$ |
| | | Must be a dollar amount. |
| | Must be a date and no earlier | |
| Pre-production start date * | than 3/3/2025. | |
| | | |
| Must be a date. | Placement end date * | |
| | | |
| Production end date * | Must be a date. | |
| | | |
| | | |
| Must be a date. | | |
| | | |
| | | |
| Have you applied for or red | eived funding from Screen | Australia for any of the |
| above projects? * | | |
| ○ Yes | ○ No | |

Please provide details of Screen Australia funding applied for/received: *

| Please describe your including any policie people; people who people who are Deaf gender diverse; peo and remote areas. * | es or initiatives that are from culturally a f/deaf or disabled; w | support employees and linguistically divomen, people who a | who are First Nations erse backgrounds; are non-binary or |
|---|---|--|---|
| | | | |
| Examples include: | | | |
| Identify company- inclusion i.e. Disab Awareness, Inclusion | wide training needs the ility Confidence trainin ve Workplace Training. | | iversity, equity and |
| Mentor | | | |
| Please provide the d the Placee as part of Add More to add a m | f the opportunity be | ing provided on the | production(s). Click |
| Name | Last Nama | | |
| First Name | Last Name | | |
| - . | | | |
| Role | | | |
| Primary Phone Num | ber | | |
| Must be an Australian pho | one number. | | |
| Primary Email | | | |
| Must be an email address | i. | | |

Budget Summary

| * | ind | icates | a r | egui | red | fiel | c |
|---|-----|--------|-----|------|-----|------|---|
|---|-----|--------|-----|------|-----|------|---|

Please provide a budget summary detailing how the Screen Australia grant will be spent

| 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 |
| \$ |
| This number/amount is calculated |

Please provide your full detailed budget using Screen Australia's <u>Skills</u> <u>Development, Training and Inclusive Placements Budget Template</u>.

| Full Budget Attach a file: | * | | |
|-----------------------------------|---------------|-------------------|----------------|
| | | | |
| Filename: BTL I | Next Step Bud | get - [Host Compa | any 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.

| Additional supporting materials: Any other that might assist consideration of the apattach a file: | her documentation or supporting material pplication. |
|--|--|
| Filename: [Type of Document] - [Applicant Compa multiple files, please number each. | ny Name].doc, .docx, .pdf or .xlsx. If uploading |

| 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 |