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

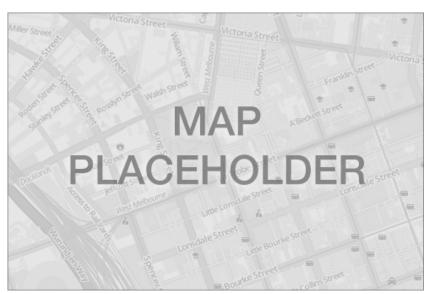
BTL Next Step is a credit springboard and career accelerator program to support established mid-career below-the-line (BTL) practitioners to step up into senior crew and leadership roles that have been identified as experiencing shortages.

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/To	own, State/Province, Posi	code, and Country are re	quired.
Applicant Company	Primary Phone Num	ber *	
Applicant Company	Primary Email *		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
Additional Contac	t (if applicable)		
Additional Contact			
First Name	Last Name		
Additional Contact P	rimary Phone Numb	er	
Must be an Australian pho	one number.		
Additional Contact P	rimary Email		
Must be an email address	5.		
Opportunity Det	ails		
* indicates a required f	ïeld		
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 div comen, 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 First Name	Last Name		
riist Name	Last Name		
Dala			
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	equ	ired	fiel	c
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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 Budg	get - [Host Compai	ny 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