**Application Form: Indigenous Practitioner Development**

This form MUST be completed by all applicants.

Please ensure all relevant supplemental documentation as outlined in the program guidelines is included with this application.

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| 1.0 Application summary |
| Application date |  |
| Fund applying for | Indigenous Practitioner Development |
| Funding request | $  |  |
| Estimated start date |  |
| Estimated completion date |  |

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| **2.0 Applicant details** |
| **Applicant name** |  |
| **Address** |  |
|  |  |
|  | **Phone**  |  |  **Mobile** |  |  |
| **Email** |  |  |  |
| **State** |  | **Post Code** |  |
| **Company name & contact (if applying for an Attachment)** |   |
| **Registered Business address**  |  |
|  |
| **State** |  | **Post Code** |  |
| **Phone** |  | **Mobile** |  |
| **Email** |  |
| **Website** |  |
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| **3.0 Statistical information** |
| Is the applicant contact aged between | 18-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65+ [ ]  |
| Is the applicant contact male or female? |  Male [ ]  Female [ ]  |
| Is the applicant based in Western Australia? | Yes [ ]  No [ ]  |
| Is the applicant a Western Australian Resident as defined in the Terms of Trade? | Yes [ ]  No [ ]  |
| Does the applicant identify as Indigenous? | Yes [ ]  No [ ]  |
| Does this project/activity take place in regional WA? | Yes [ ]  No [ ]  |
| In what location/s does it take place? |  |

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| **4.0 Applicant’s current Screenwest funding obligations** |
| **Activity/project currently in receipt of funding (not yet acquitted)** | **Current status/action required** | **Delivery date** |
|  |  |  |
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| **5.0 Opportunity details / summary** |
| Opportunity type | [ ]  Professional Skills Development [ ]  Attachments | [ ]  Festivals or Awards[ ]  Travel to strategic meetings |
| Opportunity summary |  |

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| **6.0 Applicant warranty** |

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| **In submitting this application, I, the applicant warrants that:*** I have read, understand and adhere to Screenwest's current relevant guidelines and Terms of Trade. In particular, I acknowledge that Screenwest reserves the right to vary any of its terms and conditions without notice.
* I am not a full time student at a secondary school or a full time student at a tertiary institution (including at a film school).
* I will always act in good faith in all dealings with Screenwest and as such confirm I have fully disclosed all information in this application that may be relevant to Screenwest’s determination and that all information and representations contained in this application are true and complete.
* I have the capacity, resources and rights to carry out the proposal listed above.
* I acknowledge that this is a competitive funding program with limited resources and as such there is no guarantee of success and I will not rely on receiving it in full or in part prior to receiving a signed agreement reflecting the same.
 |
| **Signed** | *[ELECTRONIC NAME / SIGNATURE IS ACCEPTABLE]*An authorised representative for and behalf of and intended to bind the Applicant. |
| **Name / Title** |  | **Date** |  |