**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 |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |