

Filming Request Application Form

Please be advised that all relevant details on this document must be completed where applicable as well as providing copies of all supporting documents.

Contact Information

First Name:		Last Name:	
Position: <input type="checkbox"/> Producer <input type="checkbox"/> Screenwriter <input type="checkbox"/> Director <input type="checkbox"/> Production Designer <input type="checkbox"/> Other _____ (please specify)			
Contact Number:			
Email Address:			

Filming Information

Film Title:			
Brief Description of the film:			
Date/Dates and time you are requesting to film:			
Number of cast members required on site:			
Where will the film be publicised? <input type="checkbox"/> Television <input type="checkbox"/> Social media <input type="checkbox"/> Ad campaign <input type="checkbox"/> Other _____ (Please specify)			
Is the on the day contact person the same as the above contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please complete details below.</i>			
First Name:		Last Name:	
Position: <input type="checkbox"/> Producer <input type="checkbox"/> Screenwriter <input type="checkbox"/> Director <input type="checkbox"/> Production Designer <input type="checkbox"/> Other _____ (please specify)			
Contact Number:			



Required Documents

If your application is approved, you will be required to provide the following documents prior to commencement:

- ☐ Public Liability Insurance – minimum of \$20,000,000.00 coverage amount

Please note:

If you are intending to include members of the public in your film, please ensure the individuals sign a talent release form. We will require copies of these to keep on file.

There will be a fee incurred for filming. The fee will be advised at the time of submission of the application.

I, _____ (Name of Applicant)

- a. I have read this form and acknowledge the collection and use of my personal information will be treated with the strictest confidentiality and will be destroyed if my application is unsuccessful.
- b. To the best of my knowledge, the information contained in the application and accompanying documentation is true and correct in every particular at the time of making this application.

Print Name: _____

Sign Name: _____

Date: _____