

CLOSING DATE: 20 / 02 / 15



Submission for - Our Stories, Our Way, Every Day

IMPORTANT: This form can be printed or filled out electronically. Please fill out as much as possible. Before beginning first save file using the title of the program ie: RR_COMM_sub_(yourname)_date.pdf

YOU SHOULD KEEP A COPY OF YOUR PROPOSAL AND ANY SUPPORTING MATERIAL FOR YOUR RECORDS. PLEASE DO NOT SEND ORIGINALS OF ANY SUPPORTING MATERIALS.

APPLICANT/COMPANY NAME: _____

Section 01: ABOUT YOU

Depending on you circumstances please fill out the information below.

Do you have a Company? YES (GO TO A) NO (GO TO B)

a) COMPANY:

Contact person: _____

Email address: _____

Phone: _____ Mobile: _____

Company Name: _____

ACN /ABA: _____

Is the Company Indigenous Owned? YES NO

Please provide further information _____

b) INDEPENDENT CONTRACTOR:

This option means you'll be brought on for two weeks under SBS (used if you don't have an ABN and the appropriate insurances)

Contact person: _____

Postal address: _____

STATE: _____ POSTCODE: _____

Email address: _____

Phone: _____ Mobile: _____



b) Key production credits (where applicable)

Producer:

Name: _____

Indigenous: YES NO

Writer:

Name: _____

Indigenous: YES NO

Director:

Name: _____

Indigenous: YES NO

Camera:

Name: _____

Indigenous: YES NO

Editor:

Name: _____

Indigenous: YES NO

Presenter/Narrator:

Name: _____

Indigenous: YES NO

Key Talent/Host:

Name: _____

Indigenous: YES NO

c) If non-english languages are used in the program please list below?

Language 01: _____

verbal / subtitles: _____ English translation: YES NO

d) Does this program include Indigenous Cultural and Intellectual Property (ICIP) rights material?

YES NO

e) Have the owners/custodians given permission for this material to be used (list below)?

01: ICIP item: _____

Community: _____ Permission : YES NO

Section 04: DECLARATION AND SIGNATURE

By signing this form you are declaring that all the information is true to the best of your knowledge.

**Please email submission directly to nitvproposals@sbs.com.au
Attach word/pdf of synopsis' if more than one story**

Name: _____ Signature: _____ Date: _____