

# Locations Assistance - Application Form

## Form Preview

### LOCATION SCOUTING ASSISTANCE APPLICATION FORM

\* indicates a required field

#### ARE YOU ELIGIBLE TO APPLY?

**You MUST meet one of the following eligibility criteria: \***

- Queensland based practitioner
- Substantially engaging with Queensland based practitioners
- Substantially engaging with Queensland facilities
- Planning to use Queensland facilities or locations

**Are you employed by a State or Government Screen Agency? \***

- Yes  No

If you answer YES, you are not eligible to apply for funding from Screen Qld.

**Are you employed by an Australian Broadcaster?**

- Yes  No

If you answer YES, you are not eligible to apply for funding from Screen Qld.

**Do you currently have any project that is being funded by Screen Qld in default? \***

- Yes  No

If you answer YES, you are not eligible to apply for funding from Screen Qld.

**Do you have an Australian Business Number (ABN)? \***

- Yes  No  Not Applicable (International Applicants)  Other:

**Do you plan to spend more than \$1 million on Queensland Production Expenditure (QPE)? \***

- Yes  No

### APPLICANT TYPE

\* indicates a required field

Individual or Organisation

**Are you applying as an individual or organisation? \***

- Individual  Organisation

### APPLICANT DETAILS

\* indicates a required field

#### INDIVIDUAL APPLICANTS

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**Name \***

First Name

Last Name

**Business Name (if applicable)****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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

**Registered for GST? \*** Yes No**Primary Address \***

Address

  

Suburb State Postcode

  **Street Address**

Address

  

Suburb State Postcode

  **Contact Email \***

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**Contact Phone Number \***

### ORGANISATION APPLICANT

**Organisation Name \***

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

**Registered for GST? \***

Yes

No

**Upload your Certificate of Incorporation**

Attach a file:

Only if the Applicant is a company.

**Postal Address \***

Address

Suburb State Postcode

**Office Address**

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Address

  

Suburb State Postcode

  

**Contact Person \***

First Name

Last Name

 

**Position \***

**Contact Email \***

**Phone Number \***

**List of Company Directors**

**Company Secretary**

**Shareholders**

**Accountant**

## LOCAL PRODUCTION OFFICE

*(If applicable)*

**Organisation Name**

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### Contact Person

First Name

Last Name

### Position

### Office Address

Address

Suburb

State

Postcode

### Production Office Phone

Must be an Australian phone number

### Mobile / Cell Number

Must be an Australian phone number

### Primary Email

## PROJECT DETAILS

\* indicates a required field

### Project Title (if known):

\*

Please list any previous titles this project may have been known as:

### Project Summary: \*

Please detail your screen project description ( 100 words maximum)

### Location Needs: \*

### Other Territories Being Considered: \*

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**Origin \***

**Release Type \***

**Genre \***

**Project Type \***

**Length**

**Has Provisional Offset Certificate been issues?**  Yes  No  Other:

**Is this planned to be a Co-Production with an International partner?**  Yes  No

**Project Synopses (one paragraph & one page) \*** Attach a file:

**Script and/or detailed Treatment \*** Attach a file:

### BUDGET BREAKDOWN

**Total Production Budget \***  
\$

**Above the Line costs**  
\$

**Below the Line costs \***  
\$

**Please upload your Budget Top Sheet**  
Attach a file:

**Estimated Queensland Production Expenditure \***  
\$   
QPE

**Queensland spend as a % of Total Budget \***  
%   
Must be a number

**Queensland spend as a % of Total Below the Line Budget \***  
%   
Must be a number

### PRODUCTION DETAILS

**Pre-Production start date: \***

**Principle Photography start date: \***

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**Principle Photography wrap date:**

**Post Production start date:**

**Planned Delivery date:**

**Upload your Production Schedule here**

Attach a file:

## PRODUCTION DAYS

Total Pre-production days	Total Shooting days	Total Post-production days	Pre-production days in Qld	Shooting days in Qld	Post-production days in Qld
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## KEY CREATIVES

Please list any key creatives or cast.

Name:	Position:	Please attach CV or Bios
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## QUEENSLAND BENEFITS

\* indicates a required field

## QUEENSLAND FACILITIES & SERVICES

**Are you planning to use Post Production services? \***  Yes  No  Undecided

**Are you planning to use Post Production sounds? \***  Yes  No  Undecided

**Are you planning to use VFX houses? \***  Yes  No  Undecided

**List the proposed companies you are considering.**

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If Queensland facilities are NOT being used, please indicate who you will be using.

Did you need assistance from Screen Queensland sourcing facilities, crew or services? \*

Yes

No

### LOCATIONS SCOUTING ASSISTANCE

Have you already received a Locations Picture Presentation from Screen Qld? \*

Yes

No

Estimated number of days requested for locations scouting? \*

Must be a number

Will you require a Locations Manager for the Scout? \*

Yes

No

Will you require accommodation in Qld for the Scout? \*

Yes

No

Will you require car hire for the Scout? \*

Yes

No

Will you require interstate flights for the Scout? \*

Yes

No

Draft Itinerary of planned scout. Please include any travel details that are currently organised \*

Attach a file:

### LOCATIONS

Location	Type of Location	Priority / Secondary
	Other: <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



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	Other: <input type="text"/>	
	Other: <input type="text"/>	

### SCOUTING GROUP INFORMATION

List the names, roles and passport details (if applicable) of people travelling on the scout:

Name:	Position:	Passport Number:	Country of Residency:	Scanned copy of passport details:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### LEGAL REQUIREMENTS, COPYRIGHT & CHAIN OF TITLE

\* indicates a required field

Is this an original concept of the applicant? \*  Yes  No

If this is not your original concept, please provide more details:

### CHAIN OF TITLE

During the assessment process we may need to verify that you are the rights holder to this project.

You may need to provide chain of title documentation and other agreements, if requested.

Option Agreement	Licence Agreement	Writer's Agreement	Script Editor's Agreement	Researcher's Agreement	Development Investment Agreement
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Files to Upload

**Certificate of Incorporation**

Attach a file:

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### Option Agreement

Attach a file:

### Writer Agreement

Attach a file:

### Producer / Co-Producer Agreements

Attach a file:

## STATISTICAL & DIVERSITY DATA

### Federal electorate for applicant

Other:

### State electorate for applicant

Other:

### Local govt electoral zone for applicant

Other:

### Gender of Applicant

Female

Male

### Diversity Type

- Aboriginal
- Torres Strait Islander
- Regional or Remote Area
- Person with a Disability

### Indigenous Component

- Indigenous Writer
- Indigenous Producer
- Indigenous Director
- Indigenous Characters
- Representations of Indigenous Culture
- Based on Indigenous Stories

## DECLARATION

\* indicates a required field

Applicant declaration

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- The applicant declares they have read and understood Screen Queensland's funding guidelines and Terms of Trade.
- The applicant agrees and understands that any funding is discretionary and any approvals are subject to funding being available.
- The applicant has the firm intention and is able to proceed with the proposed project and declares that the information provided, together with all attachments are, to the best of the applicant's knowledge and belief, true and correct.
- The applicant undertakes to advise Screen Queensland of any significant changes to the proposed project, the information supplied or the materials submitted regarding the project.
- The applicant warrants that it owns or holds all relevant rights in the original works and or copyright materials necessary to proceed with the proposed project as envisaged by this application and will keep Screen Queensland indemnified against all actions, suits, proceedings, claims or demands made against Screen Queensland by reason of any breach of the above.
- It is agreed that Screen Queensland will not be liable for any action or claim based on any industrial or intellectual property of the applicant arising out, or in connection with Screen Queensland's receipt, custody or consideration of the applicant's submission.
- The applicant acknowledges and agrees that Screen Queensland may download, copy, store and use any material supplied or proffered by the applicant as part of this application and may provide access to such material to nominated third parties (as applicable).
- The applicant acknowledges and agrees that typing their name on this form and submitting the form will constitute signature by electronic communication under the Electronic Transactions (Queensland) Act 2001.

### Disclosure of project information:

- You acknowledge and agree that Screen Queensland, in consultation with the applicant, may publish for promotional purposes only, information about your project in Queensland Government media releases, on Screen Queensland's website or in Screen Queensland's e-newsletter. This information may include project name, genre and synopsis, names and past credits of individuals comprising the key creative team.

### Authorised Signatory

**Name \***

First Name

Last Name

**Position \***

**Submission Date \***