

SQAttach Advertised Opportunities - September 2021

Form Preview

ARE YOU ELIGIBLE TO APPLY

* indicates a required field

Are you eligible to apply?

Are you a Queensland resident, and have been for the last 6 months? *

Yes No

You must answer YES to be eligible to apply.

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

No Yes

If you answer YES, you are not eligible to apply.

Are you employed by a Broadcaster? *

No Yes

If you answer YES, you are not eligible to apply.

Are you a full time student? *

Yes No

If you answer YES, you are not eligible to apply.

Do you currently have any applications or projects in default with Screen Queensland? *

No Yes

If you answer YES, you are not eligible to apply.

Do you have a driver licence? *

Yes No

Do you have access to a car? *

Yes No Other:

Please note attachments will often be required on locations that may not have access to public transport.

APPLICANT DETAILS

* indicates a required field

APPLICANT

Name *

First Name

Last Name

Primary Address *

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Address

Suburb State Postcode

Street Address

Address

Suburb State Postcode

Contact Email *

Contact Phone Number *

Expression of Interest

* indicates a required field

Roles/Departments

Select the attachment you are applying for: *

- Costume Department Attachment Asset Artist Attachment Editorial Attachment
 Prosthetics / Makeup Attachment 3D Animator Attachment

CV Outlining Your Experience *

Attach a file:

Your CV must include your contact details.

Headshot *

Attach a file:

This may be used for publicity purposes, should an attachment be secured.

Brief Bio *

Attach a file:

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This may be used for publicity purposes, should an attachment be secured.

What does gaining an attachment opportunity mean to you? What impact do you expect this would have on your career? *

Please provide a short statement which may be used for publicity purposes, should an attachment be secured.

SQ encourages expressions of interest from underrepresented groups in the film industry, if you require any reasonable adjustments in order to complete an attachment, please outline below.

STATISTICAL & DIVERSITY DATA

* indicates a required field

If you are unsure of your electorate, [please look up here.](#)

Federal electorate for applicant *

State electorate for applicant *

Local govt electoral zone for applicant *

Gender of Applicant

Female

Male

Other:

Diversity Type

Aboriginal Torres Strait Islander Regional or Remote Area Culturally and linguistically diverse background Person with a Disability LGBTQI

Other

DECLARATION

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Applicant declaration

- 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 Electyronic 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 Screenq 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 *

Must be a date