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|  | **Kerry Short Film Bursary**  **Application Form 2019** | |  |
| Please submit the following via email to [siobhan@screenkerry.ie](mailto:siobhan@screenkerry.ie):   * A fully completed application form * A copy of the script for a blind read (ie no writers name on script) * A 500 word synopsis of the script | | | |
| **NB : Closing Date – 5pm Friday 14th April** | | | |
| APPLICANT DETAILS: | | | |
| **Lead Contact:** | |  | |
| **Role in the Project:** | |  | |
| **Company name if relevant** | |  | |
| **Address:** | |  | |
| **Website:** | |  | |
| **Telephone:** | |  | |
| **Mobile:** | |  | |
| **Email:** | |  | |
| PRODUCTION DETAILS: | | | |
| **Script Title:** | |  | |
| **Scriptwriter’s name:** | |  | |
| **Scriptwriters email:** | |  | |
| **Producer’s name** | |  | |
| **Producer’s email:** | |  | |
| **Director’s name** | |  | |
| **Director’s email** | |  | |
| **DOP’s name (if attached)** | |  | |
| **Brief summary of Writers Experience:** | | | |
| **Brief summary of Directors Experience (if attached)** | | | |
| **Brief summary of Producers Experience (if attached)** | | | |

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| **Insights/Comment from the Director & Producer regards suitability of the script for production** |
| OPERATIONAL DETAILS:  To the best of your ability please provide details on the number & type of crew that will be involved in the production |
| Actors \_\_\_\_\_\_ Production Mgr(s) \_\_\_\_\_  Camera Operators \_\_\_\_\_ Line Producer \_\_\_\_\_\_  Sound Technicians \_\_\_\_\_ Makeup & Costume \_\_\_\_\_  Location Mgr \_\_\_\_\_\_ Other \_\_\_\_\_\_ |
| Please describe briefly your process with regard to Health & Safety and Risk Assessment: |
| Please describe briefly the range & type of film locations in Kerry that appeal to you and might be relevant to you filming in Kerry |
| Please provide an outline project plan with regard to your general shoot requirements |
| FUNDING INFORMATION |
| Please provide a financial projection including all costs. Include the bursary amount of €10,000 in your budget outline. Please indicate the source of all funds & state if they are confirmed (letters of confirmed funding can be attached/included as relevant.) |
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| Revenue Access Number (old tax clearance cert) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please sign here to confirm you have full legal clearance to the script:  Print Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHECKLIST:  Please ensure you have submitted the following:   * A fully completed application form * A copy of the script with no writers name attached * A 500 word synopsis of the script * Insights from Producer / Director re suitability of the script for production * A current Revenue access number * Evidence that you have full legal clearance to the script you are submitting |