

# Professional Development - Placements 2023-24

## Form Preview

### BEFORE YOU BEGIN

\* indicates a required field

#### Before you start your application:

- Read the [Professional Development Placements Guidelines](#) and the [Screenwest Terms of Trade](#)
- Discuss your application with the Screenwest Program Contact/s

#### What type of placement are you applying for? \*

- Above the Line Placement  Below the Line Placement  Digital Games Placement

#### Eligibility

The applicant must:

##### 1. Meet the general eligibility requirements as outlined in the Screenwest Terms of Trade \*

- Yes  No

##### 2. Be a Western Australian resident as defined in the Screenwest Terms of Trade. \*

- Yes  No

##### 3. Be 18 years of age or older \*

- Yes  No

##### 4. Demonstrate a track record in their field that aligns with the placement opportunity being applied for \*

- Yes  No

##### 5. Display and ongoing commitment to being a part of the screen or digital games industry in Western Australia and continue to work and do business with Western Australia \*

- Yes  No

##### 6. Have secured an exceptional placement opportunity with a reputable at-arms-length company / provider - a letter of commitment from the company / provider needs to be provided to Screenwest at the time of application \*

- Yes  No

### APPLICANT SUMMARY

\* indicates a required field

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### Applicant Details

#### **Applicant \***

First Name

Last Name

#### **Email \***

Must be an email address.

#### **Mobile Phone Number \***

Must be an Australian phone number.

#### **Applicant Address \***

Address

  

#### **Contracting Information - Applicant Company or Sole Trader name \***

Organisation Name

#### **Applicant Company or Sole Trader Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

#### **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	

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Tax Concessions

Main business location

Must be an ABN.

### Additional Contact Person (If relevant)

First Name

Last Name

### Additional Contact Phone Number

Must be an Australian phone number.

### Additional Contact Primary Email

Must be an email address.

### Applicant Statistical Information

#### Age \*

- 18-24     25-34     35-44     45-54     55-64     65+

#### Gender \*

- Female     Male     Non-Binary     Gender Diverse     Prefer not to Answer

#### Gender Comments:

#### Do you identify as Aboriginal and/or Torres Strait Islander? \*

- Aboriginal     Torres Strait Islander     Aboriginal & Torres Strait Islander     Not Indigenous     Prefer not to answer

#### Please select the Indigenous language group/s that you identify with:

The above field provides a list of language names and the AIATSIS code from the Austlang Database. You can visit the Austlang Database to see more information about the languages you are selecting.

#### Indigenous Comments:

#### Are you from a culturally or linguistically diverse background? \*

- Yes     No     Prefer not to answer

#### If yes, please select your cultural background/ethnicity:

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### CaLD Comments:

**Please select your first language (as a child). If Indigenous, go to the next question.**

**If your first language is an Indigenous language, please select from AIATSIS Austlang Database:**

**Do you identify as living with Disability? \***

Yes

No

Prefer not to answer

### Disability Comments:

**Do you identify as LGBTQIA+? \***

Yes

No

Prefer not to answer

### LGBTQIA+ Comments:

## Applicant CV

**Please attach a short CV (maximum two pages) outlining your experience in the relevant area. \***

Attach a file:

## ACTIVITY DETAILS

\* indicates a required field

### Placement Details

**Activity Title \***

'Placement Name', 'Placement Role' with 'Mentor Name' on 'Project Name', Year

**Short Summary of the Placement Activity \***

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Provide a short description (100 words recommended) of the activity

### **Name of Placement Company / Provider \***

### **Name and Role of Placement Contact Person \***

### **Please provide a short (max one page) statement of how the placement will benefit your career objectives \***

### **Please attach a letter of support from the Company/Provider that includes the following:**

1. Outlines the placement opportunity and the skills development outcomes to be achieved by the placement;
2. Confirms that the company / provider will take out and maintain appropriate insurance cover for the applicant for the term of the placement; and
3. Confirms a formal employment agreement will be entered into with the applicant for the term of the placement.

### **Letter of Support \***

Attach a file:

Please attach a letter of support from the Company/Provider

## Placement Timeline

### **Placement Start Date \***

Must be a date.

### **Placement End Date \***

Must be a date.

### **Schedule for the engagement period**

Attach a file:

## BUDGET & FINANCE

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### Funding Request

#### Funding Request \*

\$

Must be a dollar amount and no more than 15000.

### Budget

Please provide a budget breakdown, with accompanying rationale for each line item and a wage breakdown.

#### Budget Upload \*

Attach a file:

## APPLICANT DECLARATION

\* indicates a required field

In submitting this application, I, the applicant declare that:

- I have read and understood Screenwest's current program guidelines.
- I warrant and represent I hold all relevant rights necessary to proceed with the proposal outlined in the application and that all material provided is true and accurate, to the best of my knowledge and belief.
- I will always act in good faith in all dealings with Screenwest.
- I am in good standing with all previous Screenwest funds and programs.
- I have the capacity, resources and rights to carry out the application as submitted.
- I am not currently engaged in any legal proceedings or dispute in relation to the project or activity.
- I am not a declared bankrupt or committed an act of bankruptcy.
- I acknowledge that SmartyGrants will automatically forward me a application receipt to confirm that Screenwest has received the application. **It is my responsibility to contact Screenwest if an application receipt has not been received within two working days, to ensure my application was received.**

Subscribe to the Screenwest newsletter for the latest news and info [here!](#)

### Authorised Signatory

Name \*

Position \*

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**Submission Date \***

Must be a date.