R	FF				IR	EGI	IN
I)		CIT	\ I	ιι	, ,	1 (1)	IΙV

* indicates a required field

Before you start your application:

- Read the <u>Travel Fund Guidelines</u> and the <u>Screenwest Terms of Trade</u>
- Ensure the destination is on the Eligible Travel Destinations list

What type of travel are you applying for? * O Screen Industry Market Festivals / Awards Digital Games Industry Events & Conferences
Eligibility
 Western Australian resident / Production Company as defined in the Screenwest Terms of Trade. * Yes No If you answer, NO, you are not eligible to apply for this funding.
 Only one representative per film project, company or organisation is eligible for travel funding for the destination being applied for. * Yes No If you answer, NO, you are not eligible to apply for this funding.
Screen Industry Market
 The applicant must hold the underlying rights to a solid slate of at least three strong projects in development with some level of market interest. * Yes No If you answer, NO, you are not eligible to apply for this funding.
Festival/Awards
(Please note: The invitation to a festival or awards event does not necessarily guarantee support)
 For festivals, the screening must be at least the title's international premiere outside its home territory * Yes No If you answer, NO, you are not eligible to apply for this funding.
Digital Games Industry Events Conferences

	eased with some level	ights to at least one proje I of market interest. * ○ No	ct in
	re not eligible to apply for t		
		de a letter of support from pility to deliver the project	
○ Yes		O No	
If you answer, NO, you a	re not eligible to apply for t	this funding.	
Applicant Summ	nary		
* indicates a required	field		
Applicant Details			
Applicant * First Name	Last Name		
Email *			
Must be an email addres	SS.		
Mobile Phone Numb	er *		
Must be an Australian ph	none number.		
Applicant Address * Address	:		
Contracting Information Organisation Name	ation - Applicant Comp	pany or Sole Trader name	*
J			
	or Sole Trader Addres	ss *	
Address			
Address Line 1, Suburb/	Гоwn, State/Province, Postc	code, 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 Au	stralian Business Reg	ister		
ABN				
Entity name				
ABN status				
Entity type				
Goods & Services Tax (C	SST)			
DGR Endorsed				
ATO Charity Type	More info	ormation_		
ACNC Registration				
Tax Concessions				
Main business location				
Must be an ABN.				
Additional Contac		evant)		
First Name	Last Name			
Additional Contact I	Phone Number			
Must be an Australian ph	lone number.			
Additional Contact I	rimary Email			
Must be an email addres				
Must be all elliali addres	5.			
Applicant Statisti	cal Information			
Age *	24 - 25 44	- 45 54	- 55 (- 65
○ 18-24 ○ 25-3	34 \(\) 35-44	O 45-54	○ 55-6	od
Gender *				
○ Female ○ N	Male ○ N	on-Binary (○ Gender Di	verse⊖ Prefer not to Answer
Gender Comments:				
Do you identify as A	boriginal and/or	Torres Strait	Islander? *	

Aboriginal	Torres StraitIslander	AboriginalTorres StraitIslander	Not Indigenou	s O Prefer not to answer
Please select th	ie Indigenous lar	nguage group/s t	hat you identify	with:
		ge names and the Al see more information		
Indigenous Com	nments:			
Are you from a ○ Yes	culturally or ling ○ No	uistically diverse		ot to answer
If yes, please se	elect your cultur	al background/et	hnicity:	
CaLD Comment	s:			
Please select yo question.	our first languag	e (as a child). If I	ndigenous, go to	o the next
If your first land Austlang Datab		jenous language,	please select fr	om AIATSIS
Do you identify O Yes	as living with Di		○ Prefer n	ot to answer
Disability Comn	nents:			
Do you identify ○ Yes	as LGBTQIA+?*	0	○ Prefer n	ot to answer
LGBTQIA+ Com	ments:			
Applicant CV				
Please attach a Attach a file:	CV that demons	trates relevant a	nd recent credit	's *

Funding Request

* indicates a required field

Eligible Costs

Eligible for Travel Funding How much you can apply for

Airfares

Economy flights only

Accommodation

Up to \$150-\$200 per night (excluding Europe)

Europe: up to \$250 per night

Market registration: Dependent on event

Activity Title *

'Market or Event Name', 'Year'

Projects relating to the travel funding request *

Destination *

- National / Interstate
- Asia-Pacific
- Rest of World / International

Budget Breakdown

Eligible costs include economy airfares, conference registration and accommodation (based on ATO allowable rates).

Budget Item	Screenwest Ask		Other Funding Source
	Must be a dollar amount.	Must be a dollar amount.	
	\$	\$	

Subtotal Screenwest Funding	Subtotal Other Funding	Total Budget
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

* \$ Up to \$1500. An additional amount of up to \$500 may be requested by regionally based practitioners to assist with non-direct flights.
*
\$ Up to \$3000. An additional amount of up to \$500 may be requested by regionally based practitioners to assist with non-direct flights.
* \$
Up to \$5000. An additional amount of up to \$500 may be requested by regionally based practitioners to assist with non-direct flights.
The below credits do not apply to games and interactive developers.
Emerging Career Practitioners* may receive funding support for a maximum of two trips per financial year, with no more than one of these being international.
*1-2 credits in a related role, relevant to the travel opportunity being applied for (being any combination of broadcast, theatrically distributed, or commercially released credit).
Mid-career to Established Practitioners* may receive funding support for a maximum of four trips per financial year, with no more than two of these being international.
*A minimum of 2 or more credits in a related role, relevant to the travel opportunity being applied for (being any combination of broadcast, theatrically distributed, or commercially released credit).
 Have you already received Screenwest travel funding this financial year? * Yes No
If yes, please provide details on how many trips and the destinations. *
 Have you applied for travel funding for this project/s before? * Yes No
If yes, please provide details. *

ACTIVITY DETAILS - Screen	industry Market
Screen Industry Market *	
Travel Destination *	
Date of travel	Date of return
Must be a date.	Must be a date.
Please attach proof of selection Attach a file:	n/invitation if applicable to event being applied for
Attach a nie:	
Summary (no more than one pa	aragraph) of projects being taken to market *
Please attach proof of market in Attach a file:	interest *
Please provide a rationale for a	attending the market and list of set meetings
Please use the text box or upload a file	e
Attach a file:	
ACTIVITY DETAILS - Festiva	al / Awards
Festival or Awards Event Name	3: *
Name of Award nomination, or	festival selection section, as applicable: *
Travel Destination	

Date of travel *	Date of return *
Must be a date.	Must be a date.
Please attach confirmation of the awar Attach a file:	rd nomination or festival selection.
Please provide a rationale for attendar	nce
Please use the text box or upload a file	
Attach a file:	
	ng out the objectives and activities for the
festival or awards event, relating to pu	ublicity and promotion.
Diagon use the tout how or upleed a file	
Please use the text box or upload a file	
Attach a file:	
ACTIVITY DETAILS - Digital Games	s Industry Events Conferences
Event or Conference Name *	
If an Award event, name of award or a	ward nomination, as applicable: *
Date of Travel *	Date of Return *
Date of Havel	
Must be a date.	Must be a date.
If an award event, please attach confirmation of of the award nomination. Attach a file:	

Please provide a rationale for attendance *

Please use the text box or upload a file		
Attach a file:		
Please provide a marketing plan, setting to publicity and promotion (studios and		
level). *	ilidividuais will be a	ssesseu at a umerem
Please use the text box or upload a file		
Attack of Ele		
Attach a file:		
INDEPENDENT DEVELOPERS ONLY: Please established digital games studio or pub		
(if the project is in production).	iisher on their ability	to deliver the project
Attach a file:		

Applicant Warranty

* indicates a required field

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

- I have read and understood Screenwest's current program guidelines.
- Screenwest will make public all funding approvals on its website, however will not release details of amounts given to individual projects/activities. It will also include projects funded for production funding in its What's in Production section on the Screenwest website. At the end of each financial year, full details of all funding approvals will be made available to the public in the Screenwest Annual Report. Screenwest will not make public the details of the individual project / activity title if the production company/producer/developer seeks an exemption in the form of written notification to Screenwest within 7 business days of an approved funding offer being sent.
- 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 the applicant's knowledge and belief.
- If my application is successful, I may be required to provide all relevant Chain of Title as part of the contracting process and before cashflow commences.
- 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.
- I am not a declared bankrupt or committed an act of bankruptcy.
- Applications will be accepted through the Screenwest SmartyGrants Portal. Applications emailed directly to individual Screenwest staff members will not be accepted.
- I acknowledge that an application receipt will be automatically forwarded to the applicant from SmartyGrants to confirm that Screenwest has received the application. It is the applicant's responsibility to contact Screenwest if an application receipt has not been received within two working days.

Note: You must ensure that all particulars you have supplied are true and correct and that you have not concealed information relevant to this application. In making this application you are seeking a benefit from Screenwest (Aust) Ltd. Under section 409 of the Criminal Code Act

Compilation Act 1913 (WA), a person who gains a benefit by deceit or any fraudulent means is guilty of an offence. Company directors may be personally liable for the statements of the company. In the event that the particulars you have knowingly supplied are false, Screenwest may (a) revoke any offer made in conjunction with this application; (b) demand immediate repayment of any funds which had been paid under a funding contract for funding approved based on this application; and/or (c) cease to consider any application (whether current or future) from you.

Agree * □ Yes		
Authorised Signatory		
Name *		
Position *		
Submission Date *	Must be a date.	