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| **BFI Film Academy 2015/16**  **Participant Application Form** | | | | | negative-jpeg |
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| **SECTION 1: Applicant Information** | | | | | |
| **Your contact details** | | | | | |
| First name |  | | | | |
| Last name |  | | | | |
| Date of Birth |  | | | | |
| Address 1 |  | | | | |
| Address 2 |  | | | | |
| Town/City |  | | Post Code |  | |
| Telephone |  | | | | |
| E-mail |  | | | | |
| School/College (if applicable) |  | | | | |
| **The Course** | | | | | |
| **Have you been a participant on a BFI Film Academy course previously?** Please note that priority will be given to applicants who have not previously attended a Film Academy course. | | | | | |
| YES | | NO | | | |
| If yes, please specify which one: | | | | | |
| **Can you attend all course dates between [10/10/15] and [06/02/16]?** | | | | | |
| YES | | NO | | | |
| If no, please specify which days you are unable to attend: | | | | | |

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| **SECTION 2: Supporting statements**  **Please note it is likely there will be more applications than places and applicants will be selected based on their responses and material submitted through this application form so please use this space to tell us why you’re the right person to be accepted on this course.** |
| **Why do you want to take part in the BFI Film Academy (please tell us about yourself and your interest in film)?** |
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| **What difference do you hope the Academy will make to you?** |
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| **Do you have any particular areas of interest in film or filmmaking? (select as many as you like from the list below)** |

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| Acting  Directing  Documentary  Animation  Watching film  Putting on film events  Writing about film  Making a soundtrack | SFX/VFX  Drama  Scriptwriting  Producing  Camera work  Editing  Other  If other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **If you like you can submit some work (a film/photograph/piece of writing/a website/an animation etc) that demonstrates your interest in film. Please provide a link and password (if required) below – e.g. to YouTube, Vimeo etc. If you don’t have a piece of work then please tell us a bit about your experience in film.** |
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| **How did you learn about the BFI Film Academy? This will help us tell people about the programme more effectively next year.** |
| School or teacher  Family or friend  Website  Twitter  The BFI  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 3: Terms and Conditions** |
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| Your submission of this form to the BFI will constitute your confirmation of the following declaration:   * I hereby confirm that the information I have given in this application is true and correct * I confirm my availability for the BFI Film Academy as per the dates given above * I agree that the BFI may, for administrative purposes only, make copies of any material submitted in support of my application. * I agree to the BFI processing personal data as part of the applications, registration, and learning support processes and accept that this information will be retained during and following my participation for administering my progress and for the provision of statistical returns. * By submitting this form, I give the BFI permission to store and process my data as described above in accordance with professional standards and the Data Protection Act 1998. * If under 18 I confirm that my parent or guardian has give me permission to apply to the BFI Film Academy |
| **Signature:** |
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| **Date:** |
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| **Data Protection** |
| Part or all of the information you give us will be held on computer and used for statistical purposes. It will also be used for the administration of applications and awards. We may provide copies of the information in confidence to individuals or organisations who are helping us monitor funding and may also be shared in connection with these purposes with other companies in the British Film Institute group of companies. |
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| **Equal opportunities monitoring form** | | | | |
| The British Film Institute wish to ensure that all aspects of our work reflect diversity and support equality of opportunity. Therefore, we would like to take this opportunity to ask you to complete an equality monitoring form.   This monitoring information helps us to identify where there are gaps in our recruitment so that we can work to attract talented people from these groups and areas. It also helps us to ensure that there is no discrimination.  Your cooperation in completing this form is greatly appreciated.  Any information you provide us with will be processed by a department that is independent of your application to the BFI Film Academy and is used for monitoring purposes only.  **Please note you will need to return this form as part of your application, providing any of the information requested is optional.** | | | | |
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| **Gender:** | | | | |
| Male | | |  | |
| Female | | |  | |
| Prefer not to answer | | |  | |
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| **Ethnic Background:** | | | | |
| This checklist is the standard ethnic monitoring categories provided by the Commission for Racial Equality. | | | | |
| Asian or British Asian: | Indian | | |  |
|  | Pakistani | | |  |
|  | Bangladeshi | | |  |
|  | Any other Asian background | | |  |
| Black or British Black: | Caribbean | | |  |
|  | African | | |  |
|  | Any other Black background | | |  |
| Mixed: | White and Black Caribbean | | |  |
|  | White and Black African | | |  |
|  | White and Asian | | |  |
|  | Any other Mixed background | | |  |
| White: | British | | |  |
|  | Irish | | |  |
| Chinese or other ethnic group: | Any other White background | | |  |
|  | Chinese | | |  |
|  | Any other | | |  |
| Prefer not to answer | | | |  |

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| **Social mobility:** |
| **Do you, or have you, received free school meals at any point in the last three years?**  Yes  No  Prefer not to answer |
| **Have you ever been in care? That is, looked after by the state.**  Yes, I’m currently in care    Yes, in the past    No, I’ve never been in care  Prefer not to answer |

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| **Disability:** | |
| The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial long term effect on a persons ability to carry out normal day to day activities'.  **Do you consider yourself to have a disability?** | |
| Yes |  |
| No |  |
| Prefer not to answer |  |
| If yes, please give details below: | |
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