

Trainee Studio Production Co-ordinator 2017 APPLICATION FORM

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Please type or write i	n capitals:		
Name:			
Contact Address:			
	(work)		(mobile)
Email:_			
Eligibility: I the undersigned conf	irm that I:		
	dent of Northern Ireland. to participate in the sche	eme from December 2	2017 – 31 May 2018.
Additionally I understa	nd that: The placement will b	oe based in Belfast.	
Signed:	Dated:		
□ A ONE A4 requiremen you achieve	ted application form please epage letter of application conts of the scheme, your aims to them. It CV with the contact details dimonitoring form.	firming that you meet th for the future and how the	
PLEASE NOTE: Failure to provide the requested documentation will result in elimination from the selection process.			

Please send the completed application forms along with the required enclosures to:

Trainee Studio Production Co-ordinator 2017

Northern Ireland Screen 3rd Floor, Alfred House 21 Alfred Street Belfast BT2 8ED

Deadline for applications: 1200hrs Thursday 23rd November 2017

> PLEASE NOTE: under no circumstances will applications be accepted after this deadline. Applications cannot be

submitted by email or fax.

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DECLARATION

Northern Ireland Screen is required to identify all relevant financial or personal interests that may exist between board members or employees of Northern Ireland Screen and applicants. This is to ensure that measures can be introduced to prevent a conflict of interest arising between those persons assessing the application for Northern Ireland Screen and such applicant. For these purposes please complete the statement below:

"I (or the person on whose behalf I am applying) do / do not * have any financial and / or close personal relationship with any Board member or employee of Northern Ireland Screen. The nature of such relationship is as follows" (e.g. spouse, relative, financial interest - please specify details) *Delete as applicable
I have read and understood the Northern Ireland Screen application guidelines. The information I have given on this application is true and correct. Any material I have sent to support my application is also true and correct. I will tell you immediately if this information or the supporting material needs to be updated. I am happy for you to provide copies of this form and any supporting material to any person or organisation you wish to consult about my application. I am authorised to make this application and accept a conditional offer. I also have the authority to repay Northern Ireland Screen in the event of the conditions not being met.
Signed: Date:
Print name:

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 assess applications or monitor funding and may also be shared in connection with these purposes with other companies in the Northern Ireland Screen group of companies.