



DOCNZ GOETHE-INSTITUT DOCUMENTARY SCHOLARSHIP

ENTRY FORM 2009



| 1 THE PROJECT | |
|--|--|
| Working title: | |
| Logline: | |
| Short description of the project (maximum 50 words): | |
| Detailed synopsis of the project (800 – 1000 words): (Please attach additional sheets if necessary.) | |
| List of key interviewees, subjects and consultants in the film: | |
| 1. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | agreement obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| <p>Are you aware of any other rights and releases you will require? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe the rights and releases, how you will secure them and what is the probability of obtaining such rights and releases:</p> | |
| | |
| <p>Why do you want to make this film? (300 words maximum):</p> | |
| | |
| <p>What stage have you reached with this project? Please select from the following:</p> <p><input type="checkbox"/> Concept <input type="checkbox"/> Pre-production <input type="checkbox"/> Production</p> | |
| <p>Do you have a trailer completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If not, would you be able to complete a trailer to show at DOCNZ Summit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>Anticipated shooting location/country(ies):</p> | |
| <p>Anticipated Duration: [__] hours [__] mins</p> | |
| <p>Projected date of production (approximate):</p> | |
| <p>Release date (approximate):</p> | |
| <p>Production budget (NZD\$):</p> | |
| <p>Have you received any funding for this project? Please provide details.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Funder:</p> | <p>Amount (NZD\$):</p> |
| <p>Funder:</p> | <p>Amount (NZD\$):</p> |
| <p>Funder:</p> | <p>Amount (NZD\$):</p> |

THE APPLICANT

Name of the applicant:
Please confirm your role in this project: Producer Director

Date of Birth:

Status: NZ Citizen NZ Permanent Resident
 Please note this scholarship is only available to either NZ citizens or permanent residents.

| Previous documentaries worked on (including awards) | Year | Credit given i.e. Producer, Director, Writer, etc. |
|---|------|--|
| | | |
| | | |
| | | |
| | | |

Production Company/Producer (if you have one):

Address: Fax:

Telephone: Web:

E-mail:

Director's Name (if you have one):

Status: NZ Citizen NZ Permanent Resident
 Other:

| Previous documentaries (including awards) | Year | Credit given |
|---|------|--------------|
| | | |
| | | |
| | | |

Address: Fax:

Telephone: Web:

E-mail:

PLEASE TICK TO CONFIRM YOUR AGREEMENT:

I confirm that I do not have any criminal convictions or any pending criminal proceedings that may prevent me from travelling to Germany.

I confirm that I have read & accept the DOCNZ Goethe-Institut Documentary Film Scholarship rules and regulations.

I acknowledge that the above information is true and accurate and I hereby authorise the use of the above information or any parts of it in any form whatsoever for the purposes of promoting and publicising DOCNZ.

Please include in your application:

PLEASE TICK IF ATTACHED

- A full curriculum vitae
- A show reel (if you have one)
- Copy of drivers licence or passport (to verify your age)
- Completed application
- \$ 40 cheque made out to "The Documentary NZ Trust"

(Please note the \$ 40 fee covers administration costs.)

NAME/S:

SIGNATURE/S:

_____ **DATE** _____

_____ **DATE** _____

Applicant's Signature (if there is more than 1 of you applying, please ensure that all co-applicants sign)

PLEASE NOTE THAT APPLICATIONS CLOSE at 3.00pm on 16 JANUARY 2009