

## The Barras Story: FILMMAKER REGISTRATION FORM

The information on this form will help us provide the most rewarding training and filmmaking opportunity for you. Your co-operation is most appreciated. **Information supplied is strictly confidential and your details will not be given to other individuals or organisations.**

### PERSONAL DATA:

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work or alternate phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bebo/Facebook/You Tube:  
(if you have one!) \_\_\_\_\_

Please indicate with an asterisk (\*) your preferred method of communication.

Date of birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

### FILM-MAKER INFORMATION:

#### Have you done any previous filmmaking work or training?

Please describe the kinds of projects you have worked on and for what organizations, and what training you have undertaken or received:

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#### Are you a former or current film/media student?

Please describe the type of course and institution of study:

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# The Barras Story

**Do you have any knowledge or experience in the following?**

**If applicable, please give detail of formats/models/ software you are familiar with and to what level?**

(E.g. Basic, Working Knowledge, Advanced/Professional)

**Camera**

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**Location Sound Recording**

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**Editing**

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**Post Production Sound**

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**Directing**

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**Research**

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**Interviewing**

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**Script Writing**

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**Production**

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**Acting**

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**Other** (Presenting/Costume/Makeup etc) \_\_\_\_\_

## What specific areas are you interested in learning about and gaining experience in?

Please circle or delete as appropriate:

### Filmmaking:

Camera	Archive Research	Photography	Project management
Editing	Oral History Research		
Interviewing			
Lighting			
Presenting			
Sound			

In which of the above areas you have selected would you most prefer to work? \_\_\_\_\_

### FILM-MAKER AVAILABILITY:

Circle, or delete as appropriate, the days and times you are available:

<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Day/Eve	Day/Eve	Day/Eve	Day/Eve	Day/Eve	Day/Eve	Day/Eve

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## ADDITIONAL INFORMATION

Do you have any medical conditions, allergies or disabilities that we need to be aware of?

If so, please specify

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Do you have a full Driving License: Yes/No

Do you have your own transport: Yes/No

Do you have a current First Aid Certificate: Yes/No

Please indicate which languages you speak and your level of facility in those languages:

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Do you have any barriers to participation which Diversity Films may be able to help with?  
E.g, childcare, translation/interpretation etc. Please specify:

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# The Barras Story

## Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work or alternate phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Where did you find out about the THE BARRAS STORY project?

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## Did you pick up the information as any of the following? (Please circle or delete as appropriate)

Flyer : Yes / No

E-Flyer: Yes / No

Word of Mouth: Yes / No

## Please return this form by post or email as soon as possible to:

Diversity Films CIC – STUC Centre, Room 6, 333 Woodlands Road, Glasgow G3 6NG

Tel: +44 (0)141 357 7299 Fax: +44 (0) 141 357 7290

Email: [abigail@diversityfilms.org.uk](mailto:abigail@diversityfilms.org.uk)

[www.diversityfilms.org.uk](http://www.diversityfilms.org.uk)

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