



## Kerry Short Film Bursary Application Form 2019



Please submit the following via post:

- A fully completed application form
- Two copies of the script  
(NB no names on script)
- Two 500 word synopsis of the script

Please also send a copy of the above via  
[www.wetransfer.com](http://www.wetransfer.com) to [filmkerry@kerryetb.ie](mailto:filmkerry@kerryetb.ie)

POSTAL ADDRESS:

Siobhan O'Sullivan  
Film Development Officer  
Kerry ETB Training Centre  
Monavalley Ind Estate,  
Tralee,  
Co.Kerry

**NB : Closing Date – 5pm Tuesday 30<sup>th</sup> April**

APPLICANT DETAILS:

Lead Contact:

Role in the Project:

Company name if relevant

Address:

Website:

Telephone:

Mobile:

Email:

PRODUCTION DETAILS:

Script Title:

Scriptwriter's name:

Scriptwriters email:

Producer's name (if attached)

Producer's email:

Director's name (if attached)

Director's email

DOP's name (if attached)

Brief summary of Writers Experience:

**Brief summary of Directors Experience (if attached)**

**Brief summary of Producers Experience (if attached)**

**Insights/Comment from the Director & Producer regards suitability of the script for production**

**OPERATIONAL DETAILS:**

To the best of your ability please provide details on the number & type of crew that will be involved in the production

Actors \_\_\_\_\_

Production Mgr(s) \_\_\_\_\_

Camera Operators \_\_\_\_\_

Line Producer \_\_\_\_\_

Sound Technicians \_\_\_\_\_

Makeup & Costume \_\_\_\_\_

Location Mgr \_\_\_\_\_

Other \_\_\_\_\_

Please describe briefly your process with regard to Health & Safety and Risk Assessment:

Please describe briefly the range & type of film locations in Kerry that appeal to you and might be relevant to you filming in Kerry

Please provide an outline project plan with regard to your general shoot requirements

#### FUNDING INFORMATION

Please provide a financial projection including all costs. Include the bursary amount of €10,000 in your budget outline. Please indicate the source of all funds & state if they are confirmed (letters of confirmed funding can be attached/included as relevant.)

Revenue Access Number (old tax clearance cert) : \_\_\_\_\_

Please sign here to confirm you have full legal clearance to the script:

Print Name : \_\_\_\_\_ Signature : \_\_\_\_\_

#### CHECKLIST:

Please ensure you have submitted the following:

- Two copies of script (no name attached)
- Two 500 word summary
- a fully completed application form
- insights from Producer / Director re suitability of the script for production
- a current Revenue access number (old tax clearance cert)
- evidence that you have full legal clearance to the script you are submitting