|  |  |
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| FILMMAKERS AT RISK FILM PROJECT APPLICATION FORM |  |

**1. FILM PROJECT CREW**

|  |  |
| --- | --- |
| **Name of participant 1** |  |
| **Position in the project** |  |
| **Mobile phone** |  |
| **E-Mail Address** |  |

|  |  |
| --- | --- |
| **Name of participant 2** |  |
| **Position in the project** |  |
| **Mobile phone** |  |
| **E-Mail Address** |  |

|  |  |
| --- | --- |
| **Name of participant 3** |  |
| **Position in the project** |  |
| **Mobile phone** |  |
| **E-Mail Address** |  |

**2. FILM PROJECT**

|  |  |
| --- | --- |
| **Project title** |  |
| **Release year** |  |
| **Duration** |  |

**3. LOGLINE**

**Describe the project in 1-2 sentences**

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|  |

**4. SYNOPSIS**

Tell us more about the story (its narrative arc), the characters and their journey.

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|  |

**5. TRAILER & MATERIALS**

|  |  |
| --- | --- |
| **Link to trailer** |  |
| **Password (if needed)** |  |
| **Other links** |  |
|  |  |

**6. TRAVEL AND ACCOMMODATION DETAILS**

**(please write your names as they are spelled in your passports)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant 1 Name** |  | | |
| **Participant 1 Surname** |  | | |
| **Passport number** |  | | |
| **Issue date** |  | | |
| **Expiry date** |  | | |
| **Country of issue** |  | | |
| **Do you have a EU-approved Covid Vaccination? (Yes/No)** | |  | |
|  | | | |
| **Participant 2 Name** |  | | |
| **Participant 2 Surname** |  | | |
| **Passport number** |  | | |
| **Issue date** |  | | |
| **Expiry date** |  | | |
| **Country of issue** |  | | |
| **Do you have a EU-approved Covid Vaccination? (Yes/No)** | | |  |
|  | | | |
| **Participant 3 Name** |  | | |
| **Participant 3 Surname** |  | | |
| **Passport number** |  | | |
| **Issue date** |  | | |
| **Expiry date** |  | | |
| **Country of issue** |  | | |
| **Do you have a EU-approved Covid Vaccination? (Yes/No)** | | |  |