

Please complete all sections in full (using BLOCK LETTERS) & return form
 Irish Film & Television Academy (IFTA)
 Third Floor
 17-19 Lower Hatch Street
 Dublin 2
 Ireland

2012/2013
 APPLICATION

For Office Use Only:

REF#

Section 1: Personal Details

a) First Name: _____ a) Surname: _____

b) Date of Birth: __ __ / __ __ / __ __ __ __ (DD/MM/YY) _____

c) Address: _____

d) Home Telephone: _____ e) Mobile Telephone: _____

f) Work Telephone: _____ g) Email Address: _____

h) What level of Irish language do you have? (Please tick one)
 Fluent Good Little to none

i) To qualify you must be one of the following. Are you? (Please tick one)
 Born within the Republic of Ireland or Northern Ireland **OR** Non-Irish/Northern Irish Born and Non-Irish Residents ONLY
 Resident in Ireland for 3 or more years (No. of years residency: ____)
 Can you demonstrate a significant contribution to the Irish industry?
 (Please give support documentation)

Section 2: Professional Details

Job Title/ Profession: _____

Employment, are you? (Please tick one)
 In Full Time Employment Self Employed Freelance

If in Full Time Employment, please confirm the following:
 Company: _____

Business Address: _____

Business Telephone: _____ Business Email: _____

Section 3: Professional Background

Section 3a: Work History - Please give details of 4 industry credits and/or positions that you have held, please include a copy of your current CV with this application.

| Title of Production | Dates | Your Position/Role | Contact name & telephone for production (optional) |
|---------------------|-------|--------------------|--|
| | | | |
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| | | | |
| | | | |

Section 3b: Guilds - Are you a member of any Unions or Professional Guilds? (if so please give details)

Section 3c: Awards & Nominations:

Please give details of any significant awards/nominations that you have received:

| Awarding Body | Category | Nominated For: (Title) | Year: | Nomination or Win |
|---------------|----------|------------------------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 3d: Referees

Please give details of 2 professional referees: (the referee should be familiar with the applicant's professional experience)

| Reference 1 – Name: | Reference 2 – Name: |
|-----------------------|-----------------------|
| Job Title/Profession: | Job Title/Profession: |
| Address: | Address: |
| Contact Tel: | Contact Tel: |
| Email Address: | Email Address: |

Section 4: Membership Details - Type of Membership Applied For (please tick one)

Full Membership €100 / £90 *

Associate Membership €80 / £72 **

* If you are unsuccessful with your application for Full Membership, would you like to be considered for Associate Membership? Yes No

** Associate Membership has all the benefits of Full Membership without Voting Rights.

Please identify which chapter to which you wish to apply for membership. **PLEASE SPECIFY ONE CHAPTER ONLY.**

This should be relevant to your predominant area of work experience/expertise.

| | | |
|--|--|---|
| Acting <input type="checkbox"/> | Editing <input type="checkbox"/> | Sound <input type="checkbox"/> |
| Animation <input type="checkbox"/> | Hair & Make Up <input type="checkbox"/> | Writing <input type="checkbox"/> |
| Cinematography <input type="checkbox"/> | Music <input type="checkbox"/> | Film – other * <input type="checkbox"/> |
| Costume Chapter <input type="checkbox"/> | Producer <input type="checkbox"/> | Television - other * <input type="checkbox"/> |
| Directing <input type="checkbox"/> | Production Design <input type="checkbox"/> | |

* Please select 'Film – other' or 'Television – other' chapters if your area of expertise does not fall within the remit of another Chapter.

Section 5: Payment Details

No Academy application will be processed without the required fees. Payment will not be processed until membership is confirmed. Should your application be unsuccessful at this time, payment will be returned.

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Applicants Name:

Chapter:

Enclosed Payment Amount: € / £ Full Member €100/£90 and Associate Member €80/£72

Payment Method

Cheque/Draft (make payable to the Irish Film & Television Academy)

Credit Card: Visa Mastercard Laser

Card Number:

Expiry Date: / CVV (if present)

Name of Card Holder:

Address of Card Holder:

Signature of Card Holder:

Section 6: Application Checklist – Please ensure that you have included the following with your completed application form.

CV / Professional Work Details 1 x Passport Photograph Payment

I certify that the particulars outlined in this entry form are true.

I have carefully completed each section of the entry form and have completed the checklist.

I have enclosed payment

Name: (PRINTED)

Date:

Please keep a copy of this form for your records.

Please note that this application does not guarantee membership of the Irish Film & Television Academy. Applicants must have a minimum of four years professional experience in film or television, and must also demonstrate a professional contribution to the industry.



**The Irish Film & Television Academy,
3rd Floor,
17 - 19 Lower Hatch Street,
Dublin 2,
Ireland.**

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*The Department of
Tourism, Culture & Sport*

