

Below-the-line (BTL) Crew Capacity Program – Attachment Proposal Template

This form should be completed by the production company.

Email the completed form and supporting documents to: funding@screenwest.com.au at least 3 weeks before the proposed attachment starts.

For the purposes of the BTL Crew Capacity Program the:

- Mentor is the person who will advise, train, guide or support the participant.
- Participant is the person undertaking the attachment or mentorship.

Production Company Details

Production company name: _____

Production title: _____

Contact person: _____

Contact person's phone number: _____

Contact person's email address: _____

Proposed Attachment 1

Complete this section if you would like to offer an attachment opportunity. We will use the information you provide to advertise the opportunity.

Attachment details

Role name: _____

Mentor's name: _____

Mentor's job title: _____

☐ I confirm that I have discussed this proposal with the mentor, and they have agreed to guide and supervise the participant for the duration of the attachment.

Attachment start and end dates: _____ to _____

Attachments should run for at least 6 weeks.

Total duration: _____

Work location: _____

Tasks and responsibilities**What tasks will the participant complete during the attachment?**

List the main tasks and activities the participant will be involved in during the attachment.

Expected outcomes**What skills, knowledge and experience will the participant gain during the attachment?****Essential skills and experience****What skills and experience should the participant have?****Desirable skills and experience****What additional skills and experience would be beneficial?**

Proposed Attachment 2

Complete this section if you would like to offer an attachment opportunity. We will use the information you provide to advertise the opportunity.

Attachment details

Role name: _____

Mentor's name: _____

Mentor's job title: _____

☐ I confirm that I have discussed this proposal with the mentor, and they have agreed to guide and supervise the participant for the duration of the attachment.

Attachment start and end dates: _____ to _____

Attachments should run for at least 6 weeks.

Total duration: _____

Work location: _____

Tasks and responsibilities

What tasks will the participant complete during the attachment?

List the main tasks and activities the participant will be involved in during the attachment.

Expected outcomes

What skills, knowledge and experience will the participant gain during the attachment?

Essential skills and experience

What skills and experience should the participant have?

Desirable skills and experience

What additional skills and experience would be beneficial?

Contact the Team

Contact the team listed [here](#), or by emailing funding@screenwest.com.au

Phone: +61 8 6169 2100

Toll free for WA regional callers only: 1800 463 043

Screenwest (Australia) Ltd ABN 43 620 492 300

Screenwest sincerely thanks all its valued partners for their committed and ongoing support of our organisation and the Western Australian screen industry.

This program is supported by

