

Below-the-line (BTL) Crew Capacity Program – Production Company Acquittal Form

This form should be completed by the production company and the Participant's supervisor/Mentor.

The information you provide will be treated confidentially. It will not be shared with the Participant without your written consent.

Email the completed form and supporting documents to funding@screenwest.com.au.

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 who will be mentored.

Production Details

This section should be completed by the production company.

Production company name: _____

Production title: _____

Participant Details

This section should be completed by the production company.

Participant's name: _____

Role Participant worked in: _____

Did the Participant complete the attachment or mentorship as contracted?

Yes ☐ No ☐

If no, explain why not:

Did the Participant meet their learning objectives?

Yes ☐ No ☐

If no, explain why not:

Would you recommend the Participant for future projects?

Do you have any feedback or suggestions for Screenwest that could help us improve this program?

Mentor Details

This section should be completed by the Participant's Mentor.

Your name: _____

Job title: _____

Phone number: _____

Email address: _____

Describe the tasks and activities the Participant carried out in the role and how well they performed them

Describe the training/mentoring that you provided to the Participant

Describe the Participant's key strengths, areas for further development and their readiness to undertake professional work in the role

How well did the Participant work with the crew and other members of the production team?

Would you recommend the Participant for future projects? Why or why not?

Supporting Documents

- A payment summary that shows the Participant has been paid.
- Two high-resolution images of the Participant at work (JPEG or PNG). The images must be appropriate for media and promotional activity, and cleared for Screenwest use.

Production Company Declaration

I confirm that the information provided in this form is true and correct, and that all required supporting documents will be submitted.

Name:

Signature:

Date:

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

