

FILM SCHOOL

THE NEW ZEALAND FILM AND TELEVISION SCHOOL

Application form

Please note that your application will be handled in the strictest confidence and the information you supply will be used for no other purpose than assessing your application. Should you be successful these details will be held on file as part of your student records. This information can be viewed and changed at any time in accordance with Privacy Act Regulations. Please read the application form thoroughly before commencing, and ensure all the relevant details are correct.

01 Name:	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss (please select)		
First Names:			Surname:
02 Contact details:			
Number & Street:			Suburb:
City:			Country:
E-mail:			
Daytime Phone:			Evening Phone:
03 Date of birth:			
	D D / M M / Y Y Y Y		
04 Citizenship/Residency:			
<input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Australian Citizen			
Other (please state):			
05 Ethnicity:	<input type="checkbox"/> Maori <input type="checkbox"/> European <input type="checkbox"/> Pacific Islander		
Other (please state):			
06 Education history			
Secondary School(s) attended:			Dates:
Highest Qualification achieved (e.g. Seventh form A bursary):			Date:

06 Education history cont...

Subjects taken in final year:

Tertiary Institutes/University(s) attended:

Dates:

Highest qualification achieved (e.g. Bachelor of Design):

Subjects/Majors taken:

07 Employment history:

Please include the name of the Employer, your position and how long you were there.

1. Employer name

Position

Duration

2. Employer name

Position

Duration

3. Employer name

Position

Duration

08 Relevant skills:

Please list the skills you feel are relevant to the course, and the general level of competence you have within each (e.g. computer, writing, performance or photography).

1.

2.

3.

4.

5.

Driver's Licence: <input type="checkbox"/> Y / <input type="checkbox"/> N	Number:	Date passed:
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09 Goals:
List your life and career goals.

- 1.

- 2.

- 3.

- 4.

- 5.

10 Interests:
List some of your interests, explaining what you get out of each and how often you pursue them.

11 General Health:
In a couple of sentences, describe your general health, including any condition and/or medication you are on that we should be aware of.

12 Long form answers:

Please answer each one as elaborately as necessary for us to get an understanding of your goals. (Text boxes will scroll.)

1. In approximately one page, outline why you want to pursue this course and what you hope to get out of it. You should include details about your long-term career goals for working in the film and television industry.
2. What are the last three films you have seen? Choose one and write a short critique of the film, which clearly states your opinion and gives reasons for it.
3. Pitch an idea for a story you would like to make into a film.

13 What else?

Please attach two passport sized photographs of yourself (for student records) and if you feel it is relevant, a full Curriculum Vitae. Please do not send other supplementary material such as examples of your work with this application. If you are selected for an interview we may request additional information.

14 Declaration:

I declare that the information I have supplied in this application is true and correct, and that if it is later found that I have supplied false information that this could result in my suspension from the course, with any fees I have paid not being refunded. I also understand that the information that I am supplying will be used confidentially, and used only for the purposes of assessing my application. I also understand that I can retrieve and change this information at any time.

I have read and agree to the declaration statement.

Date:

15 Preferred course date:

February intake July intake

16 Submit

When you hit 'submit' your mailclient will open a new message with this form attached. You will need to have a live internet connection to send it.

submit

17 Alternatively, please return your printed application by post or fax to:

The New Zealand Film and Television School
PO Box 27 044, Marion Square
Wellington, New Zealand
Fax: +64 4 939 2951

More information:

Please call +64 4 939 2954
email info@filmschool.org.nz
or visit filmschool.org.nz