

MADE OF TRUTH APPLICATION FORM PREVIEW 2020

TITLE OF PROJECT

1: What is your film called?

DECLARATIONS

1: My film is a documentary

Yes

2: My documentary is

Intended to be a 'single form' no longer than 40 minutes in length (please read our notes on length in the guidelines)

3: Our project will be completed by March 2021 and should we be granted, we will set aside at least £3,000 of the award for finishing post, delivery materials and enhanced access materials.

Yes

4: In order to apply for funding for the BFI Doc Society Shorts Fund, your film will need to meet the following criteria in this checklist:

The director, or at least one of the co-directors, of my project is/are resident of the UK

The director(s) and producer(s) of my project each have a creative track record (this can be in film, TV or other creative artforms) and this can be demonstrated in the application.

The director(s) and producer(s) of my project are each aged 18 or over and not in full-time education.

I think my documentary short would be capable of qualifying for certification as a British film through The Cultural Test - available on the BFI website.

My short film will be wholly original to me and my team and is not based on anyone else's pre-existing work.

I believe that my film would be capable of obtaining a BBFC certificate no more restrictive than '18'. More details about the BBFC can be found here: <http://www.bbfc.co.uk/what-classification>

PROJECT INFO

1: Name and role of applicant

2: Email

3: Gender

4: Date of Birth

5: Contact Number

6: In which region of the UK do you currently reside?

Scotland
Northern Ireland
England - North
England - Midlands
England - South West
England - South East
Wales
England - London

KEY CREATIVE PERSONNEL

1: Director

2: Producer

3: Cinematographer

4: Editor

PROJECT DESCRIPTION

1: Story Summary/Synopsis

2: Artistic approach

3: Visual Materials

4: Please record and upload a one-minute video of yourself (Director) explaining your motivation for making this film. This can be done using your mobile phone.

BUDGET AND SCHEDULE

1: Project Budget

2: Award amount requested

3: Other institutional support/partnerships?

4: Please detail your projects schedule

IS THE DIRECTOR...

1: Is the Director...

A new/emerging filmmaker

A filmmaker looking to move into documentary

BFI DIVERSITY STANDARDS

1: Can you demonstrate how your project and the makeup of your team will tackle under-representation in relation to disability, gender, race, age, sexual orientation and socio-economic status in the documentary film industry? If you are granted, you will be asked to provide a final Equality Monitoring report evaluating how you delivered in practice against your aims for diversity. For guidance please read: <http://www.bfi.org.uk/about-bfi/policy-strategy/diversity/diversity-standards>

COVID-19 RISK ASSESSMENT

1: Please briefly outline your COVID-19 production risk assessment plan to ensure that you can commence and undertake your production safely.

SUPPORTING MATERIALS

1: File Upload Question: Will you upload supporting materials?

EQUALITY MONITORING FORM x3

1: Are you the producer or director?

2: What is your gender:

Female

Male

Non Binary

Prefer not to say

Prefer to self-describe

3: Gender Identity: Do you identify as trans?

Yes

No

Prefer not to say

Prefer to self-describe

4: What is your ethnicity:

Black African/Black British

Black Caribbean/Black British

Any other Black/African/Caribbean background

South Asian/Asian British

East Asian/Asian British

South East Asian/Asian British

Any other Asian background

White & Asian

White & Black African

White & Black Caribbean

Any other Mixed/multiple ethnic background

Arab

Any other background

White British (English/Welsh/Scottish/Northern Irish)

Gypsy or Irish Traveller

Irish

Any other white background

Prefer not to say

5: Disability: Do you consider yourself to have a disability, impairment, learning difference or long term condition?

No

Yes

Prefer not to say

6: Age:

18-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60 or over
Prefer not to say

7: Please tell us your sexual orientation:

Bisexual
Gay Man
Gay Woman/Lesbian
Heterosexual/Straight
Prefer not to say
Prefer to self-describe

8: Where are you based:

England – London
England – South East
England – South West
England – North
England – Midlands
Northern Ireland
Scotland
Wales

9: Socioeconomic background: What type of school did you mainly attend between the ages of 11 and 16?

Attended school outside the UK
Independent or fee-paying school – bursary
Independent or fee-paying school – no bursary
State-run or state-funded school – non selective
State-run or state-funded school – selective on academic, faith or other grounds
Prefer not to say
Don't know
Other

10: Socioeconomic background: When you were 14, what did the main income earner in your household do for a living?

Clerical and intermediate occupations e.g. secretary, nursery nurse, office clerk, call

centre agent

Middle or junior managers e.g. office manager, warehouse manager, restaurant manager

Modern professional occupations e.g. teacher, nurse, social worker, artist, musician, software designer

Routine manual and service occupations e.g. van driver, cleaner, porter, waiter/waitress, bar staff

Semi-routine manual and service occupations e.g. postal worker, security guard, machine worker, receptionist, sales assistant

Senior managers and administrators e.g. finance manager, chief executive

Technical and craft occupations e.g. fitter, plumber, printer, electrician

Traditional professional occupations e.g. accountant, solicitor, scientist, medical practitioner

Unemployed/never worked/long term sickness

Prefer not to say

11: Caring responsibilities: Do you have caring responsibilities?

Primary carer of a child or children (under 18)

Primary carer of disabled adult (18 and above)

Primary carer of disabled child or children

Primary carer of older person (65 and above)

Secondary carer

None

Prefer not to say

12: Returnships: Are you returning to work following an extended period (12 months or more) of absence?

Yes

No

Prefer not to say

13: If yes, select one of the following:

Period of ill health

Primary carer of adult (18 and above)

Primary carer of child or children (under 18)

Prefer not to say

14: Please tell us your religion or belief:

Buddhist

Christian

Hindu

Jewish

Muslim

No religion

Sikh

Other

Prefer not to say

15: Nationality: