**FILM HUB NORTH PROPELLER SCHEME PROPOSAL FORM**

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| --- | --- |
| **Organisation:** |  |
| **Contact name:** |  |
| **Position in organisation:** |  |
| **Organisation address:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Website & Twitter handle:** |  |

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| --- | --- |
| **Title/s or name/s of proposed activity:** |  |
| **Date/s of proposed activity:** |  |
| **Venue/s where activity will be held:** |  |
| **Request amount from FHN:** |  |
| **Proposed film title/s:** |  |
| **Projected audience figures:** |  |

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| **1. Please provide a summary of your proposed activity, explain why support is necessary to achieve your aims and include a breakdown of how you will use the grant.** |
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| **2. Who are the main beneficiaries/ target audience for your activity and how will you reach them?** |
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| **3. Please explain briefly how your activity will embrace the FHN Propeller Scheme aims and the** [**BFI Diversity Standards.**](http://www.bfi.org.uk/about-bfi/policy-strategy/diversity/diversity-standards)  *This might include relevant details of on screen representation (diverse narratives, cast and places depicted); diversity of the crew and talent involved in making the film(s) screened; the way you plan to cater for different audiences (provision of disability access, specialist projects for target audiences, providing for specific UK regions etc); or if you plan to offer accessible opportunities for training, work experience and professional development as part of your project.* |
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**Please note the information that you supply will be held in computer files. It may be used to prepare statistics and summary data. We may also be obligated to share information under the Freedom of Information Act.**

**I confirm that all the information provided on this proposal form and in any material submitted in support of it, is truthful and accurate. I agree that this information can be stored and used for statistical and monitoring purposes by FHN**

**Name:**

**Position:**

**E-signature**: **Date:**

Please email your completed form to info@filmhubnorth.org.uk

**EQUAL OPPORTUNITIES MONITORING FORM**

Access and Equality are at the heart of our practice and positively celebrated. We seek to ensure that no one receives less favourable treatment on grounds of their background and personal characteristics. In order to ensure that this policy will be carried out, and for no other reason, applicants are invited to complete this form.

*The information will be used solely for monitoring purposes and will be kept in the strictest confidence. Please highlight or mark the relevant boxes below.*

**Which of the following describes how you think of yourself?**

Male Female In another way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

**How old are you?**

0-15 16-19 20-24 25-30 31-34 35-39 40-4 50-59 60-69

70+ Prefer not to say

**What is your ethnic group? Choose one option that best describes your group or background:**

White

English/Welsh/Scottish/Northern Irish/ British Irish Gypsy or Irish Traveller

Any other white background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed/Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian

Any other mixed/ multiple ethnic background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian/ Asian British

Indian Pakistani Bangladeshi Chinese

Any other Asian background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black/ African/ Caribbean/ Black British

African Caribbean

Any other Black/ African/ Caribbean background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other ethnic group

Arab Any other ethnic group, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

**What is your sexual Orientation**

Bisexual Gay/ Lesbian Heterosexual/ Straight

Prefer to self describe*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Prefer not to say

**Do you consider yourself to have a disability?**

*The Equality Act 2010 defines disability as “a physical or mental impairment with long term substantial adverse effects on a person’s ability to perform day-to-day activities”*

Yes No Prefer not to say

**What is your religion?**

Buddhist Christian Hindu Jewish Muslim Sikh

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Religion Prefer not to say

**Do you consider yourself to come from a disadvantaged background?**

Yes No Prefer not to say