**AUDIENCE DEVELOPMENT SURGERIES**

Expression of Interest Form

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| **Full name** |  |
| **Job title** |  |
| **How long have you been in this role?** |  |
| **Is this role paid or voluntary?** |  |
| **Organisation name** |  |
| **Annual turnover of organisation** |  | |
| *We use this information to help ensure our funds are awarded fairly across a range of organisations.* | |

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| **Email:** |  |
| **Address:** |  |
| **Postcode:** |  |

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| **Tell us about your organisation; where it is now and where would you like to be:**  *Provide an outline of your programming, how your organisation is doing, and your organisational capacity and leadership.*  ***250 WORDS MAX*** |
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| **Tell us about your audiences & audiences you are looking to develop:**  *Are you targeting specific audiences – eg: under 25s, disabled audiences, black and global majority audiences, rural audiences, working class audiences, LGBTQIA+ audiences.*  ***200 WORDS MAX*** |
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| **What are the key challenges you are facing as a film exhibitor?**  ***200 WORDS MAX*** |
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| **What do you hope to gain from this session and what would you like to discuss?**  *For example: curating a programme & booking films; reaching audiences, analysing data and developing strategy; business planning and development, managing finances and mentoring.*  ***150 WORDS MAX*** |
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| **Is there anything else you would like to add?**  *Please let us know if you have any access requirements.* |
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Please also complete the [BFI Film Audience Network Equality Monitoring Form](https://form.jotform.com/231161422017340) before submitting your expression of interest.

*By signing this application, I understand that if I am awarded an Audience Development Surgery I will be required to submit a short evaluation form, and that Film Hub North or its partners may contact me as part of follow-up research about the benefits of this funded training/professional development.*

**Signature:**

**Date:**

Please return completed forms to: [info@filmhubnorth.org.uk](mailto:info@filmhubnorth.org.uk).