

APPLICANT DETAILS

Name::		Position
Address:		
Group/Company:		
Address		
Email		Phone
Mobile		Fax

NATURE OF ACTIVITY (Please tick appropriate box)

	Not for Profit Group	Individuals, students & photographers	News item	Short films & documentaries	Commercial stills of cemetery	Commercial television	Feature film
Fee	No Charge	No Charge	No Charge	\$50 Flat fee	\$250 p/hour	\$250 p/hour	\$250 p/hour

PRODUCTION DETAILS

Name of Production.....

Production summary/synopsis/script (*Attach pages if required*)

.....

.....

Type of production (*tick as appropriate*):

- Feature
 - Corporate Video
 - Children’s Production
 - Other (*please specify*)
 - TV Drama
 - Short Film
 - Reality TV
 - Documentary
 - Music Video
 - Infotainment/Travel
 - TV Commercial
 - Student Film
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CEMETERY/DATE(S) AND TIME(S) OF FILMING/PHOTOGRAPHY

Cemetery :(please tick)		
<input type="checkbox"/> Cheltenham Cemetery <input type="checkbox"/> Enfield Memorial Park <input type="checkbox"/> Smithfield Memorial Park <input type="checkbox"/> West Terrace Cemetery		
Start date	Time am/pm	No. people on site
Finish date	Time am/pm	
		Cast _____
		Crew _____

Will camera cranes be used on site? **Yes/No**



APPLICANT'S DECLARATION

I declare that this information is, to the best of my knowledge, accurate and correct.

Furthermore, I confirm that the Production Company, Group or individual* named in the application has a Public Liability Insurance Policy in place for an amount not less than \$20 million.

I acknowledge that I have read the Adelaide Cemeteries Authority's *Filming & Photography Policy* and agree that the filming or photography to be undertaken as detailed in this application will comply with the Authority's policy.

When undertaking filming or photography in any of the Authority's cemeteries the Production Company, Group or individual* named in the application agrees to comply with the following legislation and policies;

- *Burial and Cremation Act 2013*
- *Work Health Safety Act 2012*
- *Work Health Safety Regulations 2012*
- *National Work health Safety Codes of Practice*
- ACA Risk Management & Framework
- ACA Operating Policy
- ACA Work Health Safety Policy Manual
- National Privacy Guidelines

***List any Special Conditions for the Granting on Approval for the Filming or Photography**

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Name (Please Print)	Signature	Date
Email Address	Telephone: (Mobile)	

OFFICE USE ONLY	Insurance Cert no. _____
_____	Insurance Company _____
Authorised - Adelaide Cemeteries Authority	Amount Insured: _____

