## **Academy of Film**

## **Special Request for Additional Department Resources**

| Staff / Student ID No:   |                                       |                               |                         |                            |              |
|--|---------------------------------------|-------------------------------|-------------------------|----------------------------|--------------|
| otali / otadent ib ivo   |                                       |                               |                         |                            |              |
| Contact TEL:   | Con                                   | ntact email:                  |                         |                            |              |
| Project Description:   |                                       |                               |                         |                            |              |
| Request Items: Equipmen  | nt or Studio:                         |                               |                         |                            |              |
|  |                                       |                               |                         |                            |              |
|  |                                       |                               |                         |                            |              |
|  |                                       |                               |                         |                            |              |
|  |                                       |                               |                         |                            |              |
|  |                                       |                               |                         |                            |              |
| Your related experience in   | n using the requeste                  | d equipment                   | t/ studio mentio        | oned above.                |              |
| ·  |                                       |                               |                         |                            |              |
| Please specify what releva   | ant Academy of Film                   | subject(s)                    | ou have taken           | :                          |              |
|  |                                       |                               |                         |                            |              |
| Check-out: Date:   | Time:                                 | Re                            | turn: Date:             | Tir                        | ne:          |
|  |                                       |                               |                         |                            |              |
|  |                                       |                               |                         |                            | days in tota |
|  |                                       |                               |                         |                            |              |
| Signature of Applicant   | Name of Project Su                    |                               | Signature of Pr         | oject Supervisor           | <br>Date     |
| Signature of Applicant   |                                       |                               | Signature of Pr         | oject Supervisor           | <br>Date     |
| Signature of Applicant  Name of Applicant's Unit (In Block Letter)   | (In Block Lette                       | ers)                          | Signature of Pr         | · · ·                      | Date Date    |
| Name of Applicant's Unit   | (In Block Lette                       | ers)<br>Signatur              | e and Official St       | · · ·                      | <br>Date     |
| Name of Applicant's Unit<br>(In Block Letter)<br>Your case will be discusse                                | (In Block Lette Head ed at 5pm today. | ers)<br>Signatur<br>An offici | e and Official Standard | amp<br>issued in 2 working | Date g days. |
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| Name of Applicant's Unit (In Block Letter)  Your case will be discusse *********************************** | (In Block Lette                       | Signatur An offici            | e and Official Standard | amp<br>issued in 2 working | Date g days. |

Date

| Staff/ | Student Name:  | Staff/   | /Student ID No:  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|
| Conta  | act TEL: Contact email:  |  |  |  |  |  |  |  |
| Plea   | se choose from below:  |  |  |  |  |  |  |  |
|        | Competition: equipment/<br>(for students presently ta  |  | THREE working  | THREE working days in advance  |  |  |  |  |
|        | time-table and the compl   | leted online equipment / studio book   | ript outline, shooting script, shooting t<br>king request forms print-out for the Al<br>vill be given to the Academy of Film. i  | F Technical Office,  |  |  |  |  |
|        | Non-Profit Making Orga<br>(for students presently ta   | anization: equipment/ room request king AF subjects)   | THREE working  | days in advance  |  |  |  |  |
|        | endorsement enclosed.<br>the number of times, place<br>editing time-table and the<br>AF at CVA618.   | Attached with this form are my places, mediums for showing this projectory completed online equipment / stud | be supervised by AF Instructor(s) and an & reasons in details, PLUS Insural ect. Script outline, shooting script dio booking request forms print-out for the Academy of Film. in one month | nce & legal details,<br>, shooting time-table,<br>or the Technical Office, |  |  |  |  |
|        | (for units outside Acaden  |  | THREE working of the supervised by Instru  | ·  |  |  |  |  |
|        | his/hers endorsement en<br>As a member of staff, I ha<br>and his/hers endorsemen   | closed.<br>ave understood that by AF Regulation<br>of enclosed.  | ions, my Project Supervisor & Head r   | must be informed   |  |  |  |  |
|        | Attached with this form are my plan & reasons in details, script outline, shooting script, shooting time-table, editing time-table PLUS Insurance & legal details. |  |  |  |  |  |  |  |
|        |  |  | st forms print-out for the AF Technical Off<br>f Film. in one month's time at the late   |  |  |  |  |  |
| •      | ers (recruit at your own co<br><u>T ONLY</u> be AF students w  | , , ,  | or this project<br>handle the equipment or room of you   | ır request   |  |  |  |  |
|        | · · · · · · · · · · · · · · · · · · ·  | ne items requested above. I agreed that a all the regulations and procedure set by                           | any lost/ damages will be replaced/ repair<br>y the Academy of Film  | ed before return.  |  |  |  |  |
| Namo   | e (in block letters)   | Signature  | <br>Date   |  |  |  |  |  |

**Academy of Film** 

External

Use