

Charlie's New Form

Form Preview

Overview:

Charlie's

Charlie's, is a hub for the Australian screen practitioners in Los Angeles, offering a unique creative workspace for conducting business, collaborating and networking.

Charlie's, managed by Australians in Film (AiF), is located within the historic Raleigh Studios, the oldest working lot in Hollywood, where Chaplin and Douglas Fairbanks made films and frequently played cards.

Screen NSW has access to one "hot desk" at Charlie's. Please read the [Charlie's eligibility guidelines](#) before you apply.

Application Details

* indicates a required field

Contact Details

Please note Screen NSW hot desks at Charlie's are only open to NSW based creatives, over 18 years of age.

Please select the Funding Program you are applying to. *

Charlie's LA

Name (Applicant No. 1) *

Title

First Name

Last Name

Position/Title *

Company Name

Organisation Name

Postal Address *

Address

Suburb State Postcode

Email *

Phone Number *

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Please provide a short bio about yourself. *

Proof of valid passport 1. *

Attach a file:

Please provide a scanned copy of your valid passport.

Headshot 1. *

Attach a file:

Please provide a headshot photo that will be used to complete the security information required by Charlie's LA.

Proof of Insurance 1. *

Attach a file:

All applicants granted access to Charlie's via Screen NSW, will be required to provide proof of Travel Insurance which includes but is not limited to cover for health and medical situations and covers the applicants personal items, possessions and equipment.

Tell us about your visit to LA.

Please let us know the block of time you are requesting to access Charlie's. Desk users may apply to have access granted from a number of days up to several weeks. The period of access will be negotiated on a case by case basis and may be reviewed as required.

Start Date *

End Date *

Please outline the activities you intend to undertake whilst in LA; include projects that you will discuss, meetings that you have set up or events that you plan to attend *

All information is kept strictly confidential.

Please indicate if your engagement with Charlie's will enhance

- First Nations
 Person with Culturally and Linguistically Diverse background (CALD)

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opportunities for any of the following under-represented groups: *

- Person living with disability
- LGBTQIA+
- Western Sydney
- Regional NSW
- None of the above

Declaration

* indicates a required field

Applicant No. 2 - No longer available

Only one hot desk is now available. Individuals should apply individually.

How many people are applying under this application? *

- 1 2

Applicant No. 2 *

- Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant No. 2 Position *

Applicant No. 2 Address *

Address

<input type="text"/>
<input type="text"/>

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant No. 2 Email *

Applicant No. 2 Mobile Phone Number *

Applicant No. 2 Please provide a short bio about yourself. *

Proof of valid passport 2. *

Attach a file:

Please provide a scanned copy of your valid passport.

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Headshot 2. *

Attach a file:

Please provide a headshot photo that will be used to complete the security information required by Charlie's LA.

Proof of Insurance 2. *

Attach a file:

All applicants granted access to Charlie's via Screen NSW, will be required to provide proof of Travel Insurance which includes but is not limited to cover for health and medical situations and covers the applicants personal items, possessions and equipment.

- I have read the guidelines relating to funding through this program.
- I certify that, to the best of my knowlegde, all information in this application is correct and has been approved by the board of directors or equivalent body (If applicable), and that I have the delegated authority to endorse this application.
- I acknowledge that Screen NSW has the right to withdraw the offer of funding or demand the return of any funds already paid if it is discovered that any of the information provided is false.

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position: *