

## Create NSW Attachment Register

### Guidelines and Application Form

Create NSW recognises the need to support creative talent and crew as they grow their careers in the screen industry. Project-based attachments that create on-the-job skills can be an integral part of career development in features, broadcast and new platforms. Create NSW have established an attachment register to capture the details of screen practitioners seeking attachment opportunities.

Before submitting an expression of interest for inclusion on the register, please read the Guidelines here.

#### Who is eligible?

You must be a resident of NSW, and have been for the last 6 months.

You must be an early or mid-career screen practitioner.

You must be an individual, have a valid ABN and, if required by law, be registered for GST.

Please read these guidelines alongside the [Create NSW Terms of Trade](#) for our general eligibility requirements.

#### Create NSW Attachment Requirements

Screen Production applications must budget for early to mid-career professional attachment opportunities.

- Projects receiving Create NSW production finance of between \$100,000 and \$200,000 must provide for one paid production attachment. Priority to be given for attachments to be placed in roles in line with Create NSW gender equity targets.
- Projects receiving finance of \$200,000 or above must provide two attachments – at least one to be female, in line with Create NSW gender equity targets, and at least one from Create NSW's Strategic Priority Area groups: Aboriginal and Torres Strait Islander, CaLD, Disability, LGBTIQI, Western Sydney, Regional NSW.
- Projects receiving finance of \$400,000 or above must provide **three attachments - one of them should be identified as a carer**. This requirement is in line with the Create NSW 'Screen Momentum' initiative which seeks to address the significant challenges for working parents or carers in the Screen industry. Carers is defined to include childcare, caring for the elderly and self-care.

Applications for the Screen Momentum Initiative can be applied for via a separate form found [here](#)

#### How will the attachment be selected?

Create NSW will maintain an attachment register for practitioners who are interested in undertaking an attachment role. Once the production has identified their requirements, the Screen Industry Development team will review the register and prepare a shortlist of up to three names. This shortlist will be sent to the production house to review and interview before deciding on their preferred applicant.

#### Assessment Criteria

Expressions of Interest will be assessed for inclusion on the register against a common set of criteria.

# Create NSW Attachment Register

## Form Preview

Those included on the register will have demonstrated:

- experience relevant to the position they are applying for;
- an understanding of the proposed role; and
- a commitment to pursuing a career in the industry/department/role.

### What reporting is required after the attachment?

Once the attachment is completed, a acquittal report from both the production company and the attachment will be required. The acquittal report templates will be provided by Create NSW.

Create NSW is committed to promoting diversity of opportunity in the screen industry as well as the diversity of screen stories. Alongside its commitment to gender equality and Aboriginal and Torres Strait Islander representation, Create NSW supports the expansion of talent and stories from all genders, cultural backgrounds and sexual orientations.

### Privacy Notice

Create NSW is subject to the *Privacy and Personal Information Protection Act 1998* in managing your personal information. For the full Create NSW Privacy Notice click [here](#).

## Applicant Details

\* indicates a required field

### Applicant Contact \*

First Name

Last Name

### Gender \*

### Applicant Company

Organisation Name

### Phone Number \*

Must be an Australian phone number

### Mobile \*

Must be an Australian phone number

### Email \*

# Create NSW Attachment Register

## Form Preview

Must be a valid email address

### Applicant Address \*

Address

Suburb State Postcode

Must be an Australian post code

### Applicant ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be a valid ABN.

### Website

Must be a URL

### Applicant IMDB URL

Must be a URL

**Create NSW is committed to supporting individuals from under-represented groups. Please indicate if you identify with any of the following: \***

- |   |   |
|---|---|
| <input type="checkbox"/> People from Culturally and Linguistically Diverse (CaLD) backgrounds | <input type="checkbox"/> People from Western Sydney |
| <input type="checkbox"/> Aboriginal people  | <input type="checkbox"/> Women                      |
| <input type="checkbox"/> People with Disability   | <input type="checkbox"/> Prefer not to say          |
| <input type="checkbox"/> LGBTQI people  | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> People from regional NSW   |   |

# Create NSW Attachment Register

## Form Preview

### Applicant Electorate

**Please select the state government area you live in \***

**Please select the local council area you live in \***

### Eligibility

\* indicates a required field

**Are you a NSW resident, and have been for the last 6 months? \***

☐ Yes ☐ No

You must answer YES to be eligible to apply.

**Are you employed by a State or Government Screen Agency? \***

☐ Yes ☐ No

If you answer YES, you are not eligible to apply.

**Are you employed by a Broadcaster? \***

☐ Yes ☐ No

If you answer YES, you are not eligible to apply.

**Are you a full time student? \***

☐ Yes ☐ No

If you answer YES, you are not eligible to apply.

**Are you an early or mid-career practitioner? \***

☐ Yes ☐ No

You must answer YES to be eligible to apply.

### Registration

\* indicates a required field

### Roles/Departments

**Select the primary role you would like to submit your Create NSW Attach EOI for:**

\*

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Director | <input type="checkbox"/> Hair/Make Up                     | <input type="checkbox"/> Grip (Rigger)        | <input type="checkbox"/> Production Secretary   |
| <input type="checkbox"/> Producer | <input type="checkbox"/> Sound Design                     | <input type="checkbox"/> Lighting (Assistant) | <input type="checkbox"/> Travel Coordinator     |
| <input type="checkbox"/> Writer   | <input type="checkbox"/> Art Director / Production Design | <input type="checkbox"/> Lighting (Rigger)    | <input type="checkbox"/> Production Coordinator |
| <input type="checkbox"/> Editor   | <input type="checkbox"/> Composer                         | <input type="checkbox"/> Costume (Standby)    | <input type="checkbox"/> Sound (Boom Operators) |

# Create NSW Attachment Register

## Form Preview

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> DO /Camera Dept   | <input type="checkbox"/> Production Accountant | <input type="checkbox"/> Costume (Cutter/ Sewer) | <input type="checkbox"/> Sound (Utilities)           |
| <input type="checkbox"/> Locations         | <input type="checkbox"/> Production Management | <input type="checkbox"/> Costume (Assistant)     | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Storyboard Artist | <input type="checkbox"/> Grip (Assistant)      | <input type="checkbox"/> Personal Assistant      |  |

### CV Outlining Your Experience \*

Attach a file:

Maximum 3 pages. Please include date and contact details. CVs should be updated every 12 months.

## Referees

**Provide the name and contact details of two referees.**

### Referee 1 Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Organisation name (if applicable) \*

### Postion / Relationship \*

### Phone Number

Must be an Australian phone number.

### Email \*

Must be an email address.

### Referee 2 Name \*

### Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Organisation name (if applicable)

### Position / Relationship \*

# Create NSW Attachment Register

## Form Preview

### Phone Number

Must be an Australian phone number.

### Email \*

Must be an email address.

### Sample of Work

Please provide a sample of your work - such as a writing sample or showreel. If submitting a showreel or file exceeding 5MB, please provide a link to the video/file download.

Description	File Upload (if applicable)	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Must be a URL.

### Career Goals

#### Please provide a short bio. \*

#### Please provide a short statement outlining your career goals. \*

#### Which platform do you wish to work in? \*

☐ Film ☐ Broadcast (including SVOD) ☐ Webseries  
Other

#### Are you interested in a career in scripted or factual storytelling? \*

☐ Factual ☐ Scripted

### Project

Please detail any projects you might be developing and any creative ideas or prototypes. Supporting documentation - one pagers, documents containing links to files etc. - can be uploaded.

#### Description

#### File Upload

# Create NSW Attachment Register

## Form Preview


### Declaration

\* indicates a required field

I understand:

- Registering does not guarantee me an attachment position
- My registration will be retained for up to two years
- I can withdraw my registration at any time
- I will keep Create NSW informed of any changes to my registration and contact details
- The information provided on this form is correct

Please type your name and details below to certify the information. Typing your name will be taken to be as binding as a signature.

**Declaration: I declare that all information provided in this application is true and correct. \***

☐ Yes

### Authorised Signatory \*

Title First Name Last Name

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### Date of Submission \*

Must be Date