



Application form

NAME:

ADDRESS:

TELEPHONE NUMBER:

EMAIL ADDRESS:

WHERE DID YOU HEAR ABOUT THIS COMMUNITY MEDIA PROJECT?

IS THERE A PARTICULAR AREA OR AREAS OF COMMUNITY TELEVISION THAT INTERESTS YOU?

DO YOU HAVE ANY PARTICULAR EXPERIENCE, KNOWLEDGE OR TRAINING RELATED TO COMMUNITY TV?

PLEASE GIVE SOME INDICATION OF YOUR INTERESTS AND HOBBIES

PLEASE GIVE DETAILS OF ANY SPECIAL AREAS IN WHICH YOU HAVE KNOWLEDGE OR EXPERTISE (e.g. any courses you have taken, any skills that you think could be of benefit to the project)

WHAT ARE YOUR PERSONAL GOALS OR AMBITIONS IN COMMUNITY TELEVISION?

SIGNATURE: _____ **DATE** _____

THANK YOU FOR TAKING THE TIME TO FILL IN THIS FORM AND FOR YOUR INTEREST IN
COMMUNITY MEDIA TRAINING.

This form is confidential and for use by NearTV only