**Data-Driven Film Exhibition**

APPLICATION FORM

|  |  |
| --- | --- |
| Full name |  |
| Job Title |  |
| Organisation |  |
| Address  |   |
| BFI Film Audience Network Hub Region |   |
| Daytime / Mob number(s) |   |
| Email\* |   |

|  |  |
| --- | --- |
| How long have you been in your current role? |   |
| Have you attended any training courses previously? If yes, please give details. |   |
| What type of organisation do you work for? |
| CinemaCommunity cinemaFilm FestivalFilm Society Other (please specify):Distribution CompanyGallery Mixed Arts VenueMuseum Theatre |

 In 2022, what do you see as the greatest challenges for your organisation in terms of:

|  |
| --- |
| Audiences: |
|  |
| Marketing: |
|  |
| Access: |
|  |
| Programming: |
|  |

|  |
| --- |
| Would you like to add any further information relevant to your application? |
|  |

|  |
| --- |
| Do you have any access requirements that effect your ability to engage with online training?  |
|  |

|  |
| --- |
| **Where did you hear about this course? (please tick all that apply)** Email from ICO BFI / FAN hub Social media (Please specify):  ICO website Word of mouth Other (Please specify):  |

* **The deadline for applications is midday, Friday 10th December 2021.**
* Participant data may be passed on to the course funder, ScreenSkills, for monitoring purposes.
* We will keep you informed of future relevant ICO training events and services by an occasional email. If you would prefer NOT to receive this information, please tick this box – No thanks

To Apply:

Please send this completed form together, along with:

* Completed equal opportunities monitoring form (below);

Please return to training@independentcinemaoffice.org.uk

*Thank you!*

**Equal Opportunities Monitoring Form**

The Independent Cinema Office aims to ensure that training is available to everyone regardless of age, gender, race, ethnic or national origin and disability.

This information is required by ScreenSkills, the funder of this training project so please do take the time to complete this form. The information will be used to compile anonymous statistical information only.

**I am:** Man Woman Prefer not to say

**Is your gender identity now the same as the gender you were originally assigned at birth?**

Yes No Prefer not to say

**Which of the following options best describes your ethnic background?**

Arab

South Asian British

South Asian Indian

South Asian Pakistani

South Asian Bangladeshi

South Asian Other

East Asian British

East Asian Chinese

East Asian Other

Black British

Black African

Black Caribbean

Black Other

Mixed – White and Black Caribbean

Mixed – White and Black African

Mixed – White and Asian

Mixed – Other

White – English/Welsh/Scottish/Northern Irish/British

White – Irish

White – Gypsy or Irish Traveller

White – Other

Other (please specify): :

Prefer not to say

**Do you consider yourself to be a disabled person?**

*The Equality Act 2010 says that we are disabled if we have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on our ability to do normal daily activities.*

Yes No Prefer not to say

**If yes, please select the appropriate description (you may select more than one option):**

Deaf or hard of hearing

Blind or visually impaired

Musco-skeletal (co-ordination/dexterity/mobility)/wheelchair user)

Mental health (including serious depression and bipolarity)

Learning disabilities (including dyslexia, Down’s syndrome, autism and Asperger’s)

Long-term illness or debilitating disease

Other (please specify):

Prefer not to say

**If you selected ‘other’ or would like to provide any further information, please do so below:**

**Please indicate your age range**

16-19

20-24

25-30

31-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75-79

80-84

85+

Prefer not to say

**First half of your postcode (Leave blank if you would prefer not to say):**

**Which of the following UK national identities do you identify with?**

English

Scottish

Welsh

Northern Irish

British

None

Prefer not to say

**Do you speak Welsh? \*** Yes No

**If you live in England, please indicate which area most closely described where you live?**

Birmingham

Bristol

Leeds

London

Manchester

East of England

South West England

South East England

East Midlands

East of England

North East England

Yorkshire and the Humber

North West England

Other

N/A

Prefer not to say

**Do you look after or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health, disability or problems relating to old age?**

Yes No Prefer not to say

**Would you consider yourself to be from a disadvantaged socio-economic background?**

Yes No Prefer not to say

**How many dependent children (under the age of 16) do you have living with you?**

None One Two Three of more Prefer not to say

**Which of the following best describes your current or most recent employment or activity?**

Freelance (a contract of 364 days or shorter

Permanent or long term contract (365 days +)

Sole trader

Running own company

Voluntary or unpaid basis

Unemployed

Student

Other (please specify):

Prefer not to say

**Please tell us your religion or belief:**

No Religion (including Humanist, Atheist or Agnostic)

Christian (including Church of England, Catholic, Protestant and all other Christian Denominations

Buddhist

Hindu

Jewish

Muslim

Sikh

Other

Prefer not to say

**Which of the following options best describes how you think of yourself?**

Heterosexual or Straight

Gay

Lesbian

Bisexual

Other

Prefer not to say

**Many thanks for your cooperation**