



NSW NURSES AND MIDWIVES' ASSOCIATION
**nurses &
 midwives'**
short film festival

ENTRY FORM

Name

Address

Postcode

Membership No Email

Ph M

Classification Workplace

FILM DETAILS

Proposed title of film

Category (Comedy, drama etc) Running Time:

Synopsis (100 words or less)

MEDIA RELEASE

If selected I agree to have my contact details passed on to the media:
 (SIGNATURE)

DECLARATION

The Producer and the Director of this film entry agree that they have abided by the guidelines and conditions for the NSWNMA Nurses and Midwives' Short Film Festival and that all information on this entry is true.

PRINT NAME - PRODUCER

SIGNATURE

DATE

CHECK LIST

- Completed and signed Entry Form
- A digital copy on USB (1280x720p or higher) .mov or .mp4
- 2 production photographs for use in publicity
- 2 copies of your DVD clearly labelled with your name and title of film
- Signed consent forms from all actors & others appearing in your film.
- Signed Permission Form from management if you have filmed at your workplace, or from owners of properties, used in your film.

Full details about the NSWNMA Nurses and Midwives' Short Film Festival can be found at
WWW.NSWNMA.ASN.AU