

# ZOOM Film School – Application Form

Please complete this entire application form including the monitoring data and consent forms.

Send to Four Corners at the address or email below before midnight on 30th November 2020 along with:

- 2x proof of address (dated within the last 3 months)
- A copy of your current CV

Address: Four Corners, 121 Roman Road, London E2 0QN

Email: rozi@fourcornersfilm.co.uk

## 1. Contact details & information

**Title**      Mr       Mrs       Miss       Ms       Other

**Forename(s)**

**Surname**

**NI Number**

**Date of birth**

**Please tick this box to confirm you currently live in the London Borough of Tower Hamlets**

**Address**

**Postcode**

**Tel (home)**

**Tel (mobile)**

**E-mail**

## 2. Current employment status

- Working Full Time       Working Part Time       Part Time Student  
 Unemployed and claiming an out-of-work benefit       Unemployed and not claiming an out-of-work benefit

**Please note you cannot apply for ZOOM if you are currently in full time education.**

## 3. Are you currently claiming any of the following?

- Carer's Allowance       Child Benefit       Child Tax Credit

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Employment Support Allowance                                | <input type="checkbox"/> Housing Benefit  | <input type="checkbox"/> Income Support     |
| <input type="checkbox"/> Job Seekers Allowance                                       | <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Working Tax Credit |
| <input type="checkbox"/> Personal Independence Payment / Disability Living Allowance |   |   |

4. Education and Training (please provide details of your education and qualifications, including any training courses)

5. Work experience **not** in the Film/TV industry (provide details of your previous work experience, paid or unpaid)

6. Any relevant experience in the Film/TV industry (provide details of your previous work experience, paid or unpaid in Film, TV and/or the arts)

7. Why are you interested in taking part in the ZOOM Film School?

8. What barriers do you face to gaining employment/other opportunities and progressing in Film/TV?  
(Please tick all that apply, and rate on score of 1-3)

Area	Tick all that apply	Score (1 lowest, 3 highest)
Confidence barriers		
Lack of motivation		
Race discrimination experience		
Sex discrimination experience		
Physical or mental health experience		
Non graduate/low education level		
Practical skills/knowledge in film/TV		
Job seeking skills		
CV writing/interview skills		
Isolation – lack of networks and contacts		
Knowing how to progress in film/TV career		
Work placement/volunteer experience		
Childcare needs		
Other (please specify)		

**9. Housing**

Are you:

- A home owner
- Living in a social housing
- Other (please provide details): \_\_\_\_\_
- Living in a private rented property
- Living in a temporary accommodation

If you are live in social housing, who is your landlord?  
(e.g. Tower Hamlets Homes, Poplar HARCA, etc.)

**12. Language Skills**

**Please tick as applicable:**

- 
- If English is not your first language, how well do you understand and speak English?**
    - Not very well
    - Fairly well
    - Quite well
    - Very well
    - Not Applicable
  
  - Are you able to read and complete an application form without assistance?** Yes / No
  
  - Are you able to do basic sums?** Yes / No

**18. How did you hear about the ZOOM Film School?**

**Please complete the monitoring data questions on the next page.**

### Equality Monitoring Questions

**1. How old are you?**

- 0-15
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

**2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

- Yes
- No
- Prefer not to say

Please state the type of health problem or disability that applies to you?  
*(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark 'Prefer to self-describe' and specify the type of health problem or disability.)*

Sensory impairment, (such as being blind / having a visual impairment or being deaf / having a hearing impairment)	
Physical impairment, (such as using a wheelchair to get around and / or difficulty using your arms)	
Learning disability, (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	
Mental health condition, (such as depression or schizophrenia)	
Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	
Prefer to self-describe (please specify):	
Prefer not to say	

**3. Which best describes your gender?**

- Male
- Female
- Prefer not to say
- Prefer to self-describe (please specify):

**4. Is your gender identity the same as the sex you were assigned at birth?**

- Yes
- No
- Prefer not to say

**5. Which of the following describes your sex?**

- Man
- Woman
- Intersex
- Prefer not to say
- Prefer to self-describe (please specify):

**6. Are you legally married or in a civil partnership?**

- Yes
- No
- Prefer not to say

**7. Which best describes your current marital, civil partnership or cohabitation status?**

- Single (never married or never registered a civil partnership)
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still in a registered civil partnership
- Divorced
- Formerly in a registered civil partnership which is now dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Cohabiting with a partner
- Prefer not to say

**8. Are you currently pregnant or did you give birth in the last twelve months?**

The Equality Act (2010) protects individuals who are currently pregnant and up to 26 weeks of their maternity. The Act provides further protection for individuals beyond the 26 week period (such as breastfeeding mothers).

- Yes
- No
- Prefer not to say

**9. How would you describe your ethnic group?**

**White:**

- British
- Irish
- Traveller of Irish heritage
- Gypsy / Roma
- Any other White background

**Mixed:**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

**Asian / Asian British:**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Black / Black British:**

- Somali
- Other African
- Caribbean
- Any other Black background

**Other ethnic group:**

- Chinese
- Vietnamese
- Any other background
- Prefer not to say

**10. What is your religion or belief?**

- No religion or belief
- Agnostic
- Muslim
- Christian
- Jewish
- Buddhist
- Sikh
- Hindu
- Humanist
- Prefer not to say
- Prefer to self-describe (please specify):

**11. Which of the following describes your sexual orientation?**

- Gay man
- Gay woman/lesbian
- Bisexual (attracted to men and women)
- Heterosexual/straight
- Prefer not to say
- Prefer to self-describe (please specify):

**12. Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)**

- Yes
- No
- Prefer not to say

**Please sign and date the Consent Form on the next page.**

**Consent form – sharing of information with Project Partners**

To help us in tracking the outcomes of this project and to ensure that you are referred to the relevant support services offered by the Council or its partner agencies we ask that you complete this client consent form.

We ask you to check and sign this consent form to confirm that you give permission for the general information collected whilst you are participating in this project to be shared with the relevant teams and partner organisations that are involved in delivering this project

**Declaration**

In signing this registration form, I hereby acknowledge that I am voluntarily participating in this Access to Employment and skills training project and that:

1. I have been provided with information about this project, which explains the project aims, details of the provision and what is expected of me and have been given the opportunity to ask questions and discuss my needs.
2. I wish to register for this project and give my permission for the project to use any of the personal details I provided in order to communicate with me, by telephone, text, email or letter, unless I have provided written instructions to the contrary.
3. I understand that my details may be shared with the main project delivery partners (a list is available upon request) and that my personal details such as phone number, email and address details will only be passed on to other partner organisations with my consent.
4. I will inform the project if I no longer wish to receive support from the project.
5. I will inform the project if I have been successful in accessing further training or employment.

Name:  Signature:  Date:

