**FILM PRESERVATION IN PRACTICE WORKSHOP**

**LECTURES AND PRACTICAL CLASSES: MARCH 9 & 10, 2018**

**Application Form**

PLEASE FILL OUT THE FORM IN CAPITAL LETTERS

**PERSONAL INFORMATION**

Surname: …...............................…...............................

First name: …..............................…................................

Nationality: ….............................….................................

Date of birth: ….............................….................................

Address: …...........................…...................................

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Telephone(s): …...........................…...................................

Mobile Phone: …..........................…....................................

E-mail address: ….........................….....................................

Gender: F ☐ M ☐

**PROFESSIONAL INFORMATION**

**CURRENT OCCUPATION / JOB:**

Dates: …...............................…...........................................

Occupation or position held: …...............................…...........................................

Main activities and responsibilities: …...............................…...........................................

Name and address of employer (& mail address): …...............................…......................

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Type of business or sector: …...............................…..........................................

**­­­­­­­Education and training**

Dates: …...............................…...............................

Title of qualification awarded: …...............................…...............................

Principals subjects/

occupational skills covered: …...............................…...............................

Name and type of organization

providing education and training: …...............................…...............................

**LANGUAGES SPOKEN / Mother tongue(s):** …...............................…...............................

* **Please note that the course will be conducted in English.**

**MOTIVATIONS**

Please give below any additional information you may wish to bring to our attention, e.g. your reasons for wanting to attend this course; aspects of archiving you are particularly interested in or wish to learn, etc. (no more than 2,000 characters)

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(Please feel free to send additional information in a separate annexure)

**PRACTICAL INFORMATION:**

* The deadline for submitting the application form: **SUNDAY, FEBRUARY 25, 2018.**
* Late applications will be rejected.
* To apply, kindly submit the followings:
	+ - A fully completedapplication form.
		- Any other documents or material in support of the application
* Kindly submit all documents to:**contact@filmheritagefoundation.co.in**
* **For further details about the course please visit:** [**http://filmheritagefoundation.co.in/film-preservation-practice/**](http://filmheritagefoundation.co.in/film-preservation-practice/)

**PARTICIPATION FEE:**

**Rs. 6,000/- plus applicable taxes for the two-day workshop inclusive of lunch and tea / coffee breaks both days, exclusive of accommodation.**

**IMPORTANT INFORMATION:**

* Lunch and two tea / coffee breaks will be provided on March 9 & 10, 2018
* If applications exceed the maximum number of participants allowed, a selection will be made by the organisers at their sole discretion. If your application is accepted, you will be informed by email by **Wednesday February 28, 2018.**
* Selected participants must pay their participation fees in advance, and not later than **Monday, March 5, 2018.**
* Details of the mode of payment will be shared on email. **Fees once paid will not be refunded**.
* Selected participants who do not pay their fee by the due date will be excluded and replaced by the next eligible candidate in the waiting list.
* The minimum number of course participants is 10. In case the number of candidates does not reach this number, the course will not take place.

**I certify that the information I have given is true and that I have read and agree to the Film Preservation In Practice Workshop programme and rules.**

Date ……………………. Signed……………………………………………….

**For further details please contact:**

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| **Film Heritage Foundation**707, Arun Chambers, Tardeo Road,Mumbai – 400 034. IndiaContact person: Mr. Jayant PatelEmail:**contact@filmheritagefoundation.co.in**Tel: +91 22 67367777[**www.filmheritagefoundation.co.in**](http://www.filmheritagefoundation.co.in) | **The International Federation of Film Archives (FIAF)**Rue Blanche 42,1060 Brussels, BelgiumContact Person : Mr. Christophe DupinSenior AdministratorEmail : **C.Dupin@fiafnet.org**Tel +32 (0)2 538 3065[**www.fiafnet.org**](http://www.fiafnet.org/) |