

FREELANCER DECLARATION FORM

Please read the following notes before you start completing your form:

You are NOT eligible for funding:

- If you are a Non UK resident (you may be asked to provide evidence to confirm your UK residency)
- If you are employed on a pensionable contract of undefined length (even if you have chosen not to join the pension scheme).
- If you are on one or a series of renewable contracts with one employer lasting more than one year.
- If you are receiving any other Skillset subsidy/bursary

Failure to complete all the questions below, and return a signed form together with payment may lead to delays in enrolment and subsequent loss of place on the course.

1. Course Title: _____

2. Course Date: _____

3. I confirm that I am eligible to apply for a place on the above course subsidised by the BBC's Freelance Training Fund, and can provide evidence that shows:

a) I have demonstrable professional experience of working in the broadcast, film, video and multimedia industry

4. **Please tick as appropriate:**

a) I am employed on a succession of engagements with different employers rather than in continuous employment

b) I am currently employed on a fixed term contract of not more than one year

c) I am currently in employment but can provide evidence that I have been given a date for the termination of employment and will become freelance

d) I am currently unemployed but have previous professional experience in the industry

5. Please state your training objectives and what you aim to achieve from attending this course _____



6. I am not receiving any other Skillset bursary/subsidy (please tick)
7. I confirm I am a UK resident, and I can provide proof of residency or citizenship if asked (please tick)
8. I have enclosed a copy of my CV/resume, detailing my industry background including **number of years of professional experience** (please tick).
You may be asked for evidence of your professional experience.
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9. **Declaration**

Please sign the declaration and return this form immediately to BBC Training & Development, Training Co-ordination Team, Room A16, Avon Wing, Wood Norton, Evesham, Worcestershire, WR114YB.

I declare that the information given on this form is correct to the best of my knowledge and belief.

Please Sign _____

Date _____

Give Full Name _____

Please note that if you give false information you may be required to pay the full training fee for this course (100% of the training fee).

