Applican	nt and Activition	es				
* indicates	a required field					
Applicant	t details					
Company/	organisation nam	ne *				
The name of	the company or orga	anisation funded	for the activity			
Contact pe						
Title	First Name	Last Nam	ıe			
Email *						
Must be an e	mail address					
Activities	5					
OneTwoThree or	r activities were to r more civities for which			ı. awards	and networ	king
event) *		,		,		
Budget						
Total inco	me *					
Must be a do	llar amount					
Total expe	enditure *					
Must be a do	llar amount					
Activity	report					

* indicates a required field

Activity title *		
Please provide a brief		
summary of the activity *		
	Word count: Must be no more than 300 words	
Activity start date *		
Activity end date *		
Please address the following	points regarding activity outco	mes and highlights:
List highlights from the activity, i. audience favourites, including ho	e. achievements that would encou w your activity:	rage future support,
 Addressed the sector gaps in Developed opportunities for 	dentified in your application skills development for Victorian scr	reen industry
practitionersEncouraged partnerships and	•	
	mes for Victorian screen practition on as a vibrant hub of creative and	
Activity highlights *		

Please provide a brief post-event analysis of your activity, including:

- Problems encountered and how they were addressed
- Strengths and key benefits of the activity
- Opportunities to improve the activity
- Potential issues that threaten the viability of the activity

Activity analysis *

If you require more space your statement Attach a file:	, please attach any ad	ditional documentation to support
KDI participant detail	•	
KPI - participant detail	S	
Total number of participa	nts for the activity	
Estimate	Actual	Comments
From your original application	Must be a number	
Number of screen practiti	oner participants	
Estimate	Actual	Comments
Estimate From your original application	Actual Must be a number	Comments
		Comments
		Comments
From your original application	Must be a number	Comments
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Number of First People pa Estimate From your original application Number of participants from the stimate Estimate From your original application	Must be a number Actual Must be a number om regional Victoria Actual Must be a number	Comments

Number of international participants

Estimate	Actual	Comments
From your original application	Must be a number	

Participant satisfaction

Provide the percentage of surveyed attendees who were satisfied (or a higher rating) with your activity

Estimate %	Actual %	Comments
From your original application	Must be a number	

Activity two report

* indicates a required field

Activity title *		
Please provide a brief summary of the activity *		
	Word count: Must be no more than 300 words	
Activity Start Date *		
	Must be a date	
Activity End Date *		
	Must be a date	

Please address the following points regarding activity outcomes and highlights:

List highlights from the activity, i.e. achievements that would encourage future support, audience favourites, including how your activity:

- Addressed the sector gaps identified in your application
- Developed opportunities for skills development for Victorian screen industry practitioners
- Encouraged partnerships and networking
- Improved employment outcomes for Victorian screen practitioners
- Enhanced Victoria's reputation as a vibrant hub of creative and cultural activity

Activity highlights *		
	-even analysis of your activend how they were addressed	rity, including:
Strengths and key benefitOpportunities to improve	ts of the activity	
	aten the viability of the activity	
Activity analysis *		
If you require more space, your statement Attach a file:	please attach any additiona	al documentation to support
KPI - Participant details		
Total number of participan	ts for the activity	
Estimate	Actual	Comments
Must be a number	Must be a number	
Number of screen practitio	ner participants	
Estimate	Actual	Comments
Must be a number	Must be a number	
Number of First People par	ticipants	
Estimate	Actual	Comments

Must be a number	Must be a number	

Number of participants from regional Victoria

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of interstate participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of international participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Participant satisfaction

Provide the percentage of surveyed attendees who were satisfied (or a higher rating) with your activity

Estimate %	Actual %	Comments
Must be a number	Must be a number	

Activity three report

* indicates a required field

Activity Start Date *

Activity title *	
Please provide a brief summary of the activity *	
	Word count: Must be no more than 300 words

	Must be a da	te	
Activity End Date *			
	Must be a da	te	
Please address the following	points rega	rding activity out	comes and highlights:
List highlights from the activity, i audience favourites, including ho			ourage future support,
 Addressed the sector gaps i Developed opportunities for practitioners Encouraged partnerships an Improved employment outco Enhanced Victoria's reputati 	skills develo d networking omes for Vict	oment for Victorian s	oners
Activity highlights *			
Please provide a brief post-ev	ven analysis	s of your activity, i	ncluding:
 Problems encountered and Strengths and key benefits of Opportunities to improve the Potential issues that threate 	of the activity activity	,	
Activity Analysis *			
If you require more space, plo your statement * Attach a file:	ease attach	any additional do	cumentation to support

KPI - Participant details

Total number of participants for the activity

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of screen practitioner participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of First People participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of participants from regional Victoria

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of interstate participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Number of international participants

Estimate	Actual	Comments
Must be a number	Must be a number	

Participant satisfaction

Provide the percentage of surveyed attendees who were satisified (or a higher rating) with your activity

Estimate %	Actual %	Comments
Must be a number	Must be a number	

Upload material

* indicates a required field

Full activity cost report against approved activity budget * Attach a file:
Where there is a variation from the approved budget of greater than 10% please also provide an explanation for the variation
Participant feedback data and analysis * Attach a file:
Marketing and publicity summary * Attach a file:
Activity programs or guides if produced Attach a file:
Up to six colour photographs of the activity * Attach a file:
Please refer to your Grant Agreement which details the digital still requirements.
Proof of posting gallery of all VicScreen logo and credit placement * Attach a file:
VicScreen Feedback
* indicates a required field
On a rating scale of 1 (poor) to 5 (excellent), how would you rate your experience participating in this program? *
0 1 0 2 0 3 0 4 0 5
Thinking about the program, which aspects did you like about the program and which aspects do you think could be improved?

	ng scale of 1 (poo erience from VicS), please rate yo	ur customer service
01	O 2	○ 3	O 4	○ 5
Comment	ts			