

Application Form

Sources 2 Script Development Workshop

Title of the project _____

 Feature film project Documentary project _____
Name of the writer _____ Ms Mr

Nationality _____ Date of birth _____

Languages spoken _____

Address _____

Postal code _____ City _____ Country/Á _____

Phone / Mobile _____ ÖËr aa _____

Committed team member applying Yes No Function (co-write/director/producer) _____Name _____ Ms Mr

Nationality _____ Date of birth _____

Company / Address _____

Postal code _____ City _____ Country/Á _____

Phone / Mobile _____ ÖËr aa _____

Production companies, broadcasters and/or other professional bodies attached _____

Did you apply for other training/development programmes? Yes No

Which programme(s)? _____

 Application documents are submitted as indicated on the Sources 2 webpage. **I agree with the Sources 2 guidelines as indicated on the Sources 2 webpage.**Please send the complete digital application file to: [info\(at\)sources2.de](mailto:info(at)sources2.de)