

RailCorp Application for Filming & Photography

Applicant's name:				
Address:				
Phone:		Mobile:		Fax:
ABN number:				
Applicant's representative:				Phone:
Title of production:				
Location:				
Date(s)	Between the hours of	Construction time*	Film/Shoot time	Strike time
		()	()	()
		()	()	()
		()	()	()
*Equipment/construction/dressing requirements within the location:				
Scene/s to be filmed/shot:				

Please tick all hazardous work boxes applicable to the planned filming/photography		
<input type="checkbox"/> Explosives/pyrotechnics	<input type="checkbox"/> Theatrical smoke, fog or dust	<input type="checkbox"/> Animals
<input type="checkbox"/> Work in low light/dark	<input type="checkbox"/> Work on or near the track	<input type="checkbox"/> Obstructing access/egress
<input type="checkbox"/> Mobile plant (eg crane, hoists etc)	<input type="checkbox"/> Stunts	<input type="checkbox"/> Equipment >25kg or >1.8m length
<input type="checkbox"/> Use of flash or extra lighting	<input type="checkbox"/> Firearms/weapons	<input type="checkbox"/> Fire/smoke/water
<input type="checkbox"/> Children <12 years old	<input type="checkbox"/> Noise > 85dB	<input type="checkbox"/> Hazardous substances
<input type="checkbox"/> Radio communication devices	<input type="checkbox"/> Welding/cutting/explosive tools	<input type="checkbox"/> High voltage equipment
<input type="checkbox"/> Ladder/scaffolding	<input type="checkbox"/> Electrical work	<input type="checkbox"/> Falling objects
<input type="checkbox"/> Special effects	<input type="checkbox"/> Construction work	<input type="checkbox"/> Hazardous filming
<input type="checkbox"/> Weights/persons suspended from ropes/cables	<input type="checkbox"/> Alteration, renovation or demolition of building	

Safe work method statements (SWMS) shall be completed prior to the commencement of all works. SWMS shall detail the step-by-step processes to complete the work, shall include all hazards associated with the work and proposed control measures.

Assistant Director:		Unit Manager:	
Safety Officer (if applicable):		First Aid Officer (if applicable):	
Number of cast:		Number of crew:	
Feature/Short Film:	TV Series/Movie:	TV Commercial:	Photography/Other:
Give title, producer, director, and identify celebrities:			
If TV commercial, name product:		Public Liability Insurance Company:	
Policy number:		Amount:	
Agent:		Expiry date:	

Please complete this form and return along with a copy of either your personal, company or educational institution Certificate of Currency of Public Liability Insurance for a minimum of 20 million dollars cover with "Rail Corporation New South Wales" nominated on the policy as an interested party by facsimile on (02) 8922 4448.

Please note that if your filming application is approved, RailCorp requires you to complete a Film Release Deed, SWMS, and submit a letter of acceptance of the filming charges agreed upon between RailCorp and the applicant.

Signed: _____

Date: _____

