Application for Exceptional Access to FASS MediaLab Resources

Due to the demand for resources, and the requirement to allocate resources equitably to all students, exceptional access is generally not permitted. Specifically, access will not be granted for commercial or festival projects, re-working of portfolios or job applications, work undertaken at other academic institutions or for work associated with a voluntary work placement, i.e not a compulsory component of a FASS subject.

Approvals are not transferable to other equipment or production dates.

Name: Student #:  
UTS email: Mobile #:  
Project working title: Type of work:  
Format: Duration/scope:  
Your role:  
Production period: __ / __ / __ to __ / __ / __  

The operator of each resource must be named and details provided of their proficiency. A condition of access to FASS equipment is when specified ‘UTS workshop is required’ the operator MUST have attended the relevant UTS workshop regardless of external tertiary and/or professional experience. Incomplete applications will be returned to the Subject Coordinator/ Academic Supervisor by internal mail as ‘Not approved’.

Portable Equipment

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<thead>
<tr>
<th>Operator's name</th>
<th>Details of operator's training and proficiency with equipment</th>
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| Example  
Joe Bloggs | Attended Lighting Safety workshop in 58115  
Composing the Real 2012 |
| Camera: Please specify  
UTS workshop may be required |
| Audio: Please specify  
UTS workshop may be required |
### FACILITIES (Video edit, sound edit, VR suite, animation suite etc)

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<tr>
<th>Light: Please specify</th>
<th>UTs workshop may be required</th>
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### APPLICANT STATEMENT:

I confirm that every item requested is essential for the completion of the project.

Signed: Date

### ACADEMIC SUPERVISOR STATEMENT:

I support this application and confirm that every item requested is essential for the completion of the assessment task. I am satisfied that the project and resource operator(s) listed meet Faculty guidelines for using MediaLab equipment and facilities in a safe and proper manner.

Signed: Date

Name Position:

Medialab Office Use Only: [ ] Approved [ ] Not approved – Return to subject coordinator/academic supervisor

Reason of non-approval:

Signed: Date

Name Position: