
Name: Student #: 
UTS email: Mobile #: 
Subject: Academic: 
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

<table>
<thead>
<tr>
<th>Operator’s name</th>
<th>Details of operator’s training and proficiency with equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
</tr>
<tr>
<td>Joe Bloggs</td>
<td>Attended Lighting Safety workshop in 58115 Composing the Real 2012</td>
</tr>
</tbody>
</table>

Camera: Please specify
UTS workshop may be required

Audio: Please specify
UTS workshop may be required

Lighting: Please specify
UTS workshop may be required
<table>
<thead>
<tr>
<th>FACILITIES (Video edit, sound edit, VR suite, animation suite etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities: Please specify</td>
</tr>
<tr>
<td><strong>UTS workshop may be required</strong></td>
</tr>
</tbody>
</table>

**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: ___________________________

<table>
<thead>
<tr>
<th>MediaLab Office Use Only:</th>
<th></th>
<th>Approved</th>
<th></th>
<th>Not approved – Return to subject coordinator/academic supervisor</th>
</tr>
</thead>
</table>

Reason of non-approval:

Signed: ___________________________  Date: ___________________________

Name: ___________________________  Position: ___________________________