## **ASSESSMENT APPLICATION FORM**

**Section One - Applicant Details** 



| Name:                                                          | Membership Number:                                                                  |                                                                                                                               |  |  |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|
| Company name:                                                  | Tel:                                                                                |                                                                                                                               |  |  |
| Address:                                                       | Mobile:                                                                             |                                                                                                                               |  |  |
|                                                                | Email:                                                                              |                                                                                                                               |  |  |
| County:                                                        | exam may submit work for a                                                          | 0V members who have passed the online<br>issessment leading to full accreditation. This<br>OV Database to ensure eligibility. |  |  |
| Post Code:                                                     |                                                                                     |                                                                                                                               |  |  |
| Section Two - Level of Membership                              |                                                                                     |                                                                                                                               |  |  |
| Please tick the level of membership that you are applying for: | <ul> <li>Individual Membership</li> <li>One submission</li> <li>Fee: £45</li> </ul> | <ul> <li>Corporate Membership</li> <li>Three submissions</li> <li>Fee: £87</li> </ul>                                         |  |  |
| Section Three - Production(s) Details - (complete              | ALL fields per production submitte                                                  | ed).                                                                                                                          |  |  |

| Production Type |      |              |      |      |      |      |
|-----------------|------|--------------|------|------|------|------|
| Title One:      |      |              | <br> | <br> | <br> | <br> |
|                 | <br> | <b>x</b> = 7 | <br> |      |      |      |

|                                              | ,                                                         |                |                   |                                                                |  |  |  |
|----------------------------------------------|-----------------------------------------------------------|----------------|-------------------|----------------------------------------------------------------|--|--|--|
| Duration:                                    | hrs mins.                                                 |                | Madal             | Date of Production:                                            |  |  |  |
| Camera:                                      | Software used:                                            |                |                   |                                                                |  |  |  |
| Editing:                                     |                                                           |                |                   | Other:                                                         |  |  |  |
|                                              | ninately your own work?                                   |                |                   | If 'No' please give details:                                   |  |  |  |
|                                              | ormation that is relevant to this v                       |                |                   | additional sheet.                                              |  |  |  |
| Title Two:                                   |                                                           |                |                   |                                                                |  |  |  |
| Production Type:                             |                                                           |                |                   |                                                                |  |  |  |
| Duration:                                    | hrs n                                                     |                |                   | Date of Production: / /                                        |  |  |  |
| Camera:                                      | Make:                                                     |                | Model             | Aspect Ratio:                                                  |  |  |  |
| Editing:                                     | Software used:                                            |                |                   | Other:                                                         |  |  |  |
| •                                            | ninately your own work?                                   |                |                   | If 'No' please give details:                                   |  |  |  |
| Title Three:<br>Production Type:             |                                                           |                |                   |                                                                |  |  |  |
| Duration:                                    | hrs n                                                     |                |                   | Date of Production: / /                                        |  |  |  |
| Camera:                                      | Make:                                                     |                | Model             | Aspect Ratio:                                                  |  |  |  |
| Editing:                                     | Software used:                                            |                |                   | Other:                                                         |  |  |  |
| •                                            | ••                                                        |                |                   | If 'No' please give details:                                   |  |  |  |
|                                              | ormation that is relevant to this v                       |                |                   | additional sheet.                                              |  |  |  |
| Please Note. Your As                         | sessment Report will be ser                               | nt to you via  | email. If you     | require a paper copy to be posted to you, then tick this box   |  |  |  |
|                                              | debit card by calling the ION word to your assessment sul |                |                   | 60064. Email this form to <u>assessments@iov.co.uk</u> along w |  |  |  |
| Signed:                                      |                                                           |                |                   | Dated:                                                         |  |  |  |
|                                              |                                                           |                | <u>MPORTANT</u>   |                                                                |  |  |  |
| * Master membershi                           | o is dependent on achieving grea                          | ater than 70%  | 5 on a single pro | duction - the qualification is attributed to your name.        |  |  |  |
| * Fellowship is deper<br>further two submiss |                                                           | on your initia | l Master Membe    | er production, and then achieving the same standards on a      |  |  |  |
|                                              |                                                           |                |                   |                                                                |  |  |  |

\* Corporate membership is dependent on achieving greater than 90% on three productions submitted at once - the qualification is attributed to your