



1 River Close, Ruislip, Middlesex
HA4 7UY
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FREELANCE CREW APPLICATION FORM

Personal Details

Full Name:	Address:
Tel:	
Email:	
Web:	

National Insurance Number:	
Vat Registration Number:	
UK Passport Number:	
Any Travel Restrictions:	
Driving Licence Categories:	
Emergency Contact Name:	
Emergency Contact Number:	
<u>Payment Details</u>	
Bank Name:	
Account Name:	
Account Number:	
Sort Code Number	



VAT Number 87980487 UK Registered Company Number 4800291
Registered Address: 34 Saxon Way, Old Windsor, Berkshire SL4 2PU

Public Liability Insurance

Insurance Company:	
Policy Number:	
Liability Amount:	
Expiry Date:	

Medical

Any Medical Conditions:	
If yes, What Treatment:	
Any Dietary Requirements:	
Any Allergies:	

Skills

Using the boxes below please state your main skills listing the equipment you are most competent with.

Sound	
Lighting	
Video	
Rigging	
IT	



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Using the list below please rate your skills out of 1 to 5
1 Being low and 5 Highest.

	Skill Level
Projection (LCD/DMD)	1
Projection (CRT)	1
Projection (Slide)	1
PowerPoint (programming)	1
PowerPoint (operating)	1
Rigger	1
Other video/date rig & op	1
Video Wall	1
General Technician	1
Camera (rigging)	1
Camera (operating)	1
Camera (engineering)	1
VT	1
Vision Mixing (switching & director)	1
Sound (rig)	1
Sound (operate)	1
Lighting (Intelligent)	1
Lighting (Generic)	1
Stage/set building	1
General A/V	1
LX Generic	1
LX Intelligent	1
Production Manager	1
Crew Boss	1
Show Calling	1
Prompting	1

Additional Relevant Training

Please state yes or no to the following

HGV Licence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IPAF	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forklift	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health + Safety Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manual Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working at Heights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PPE Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Rigging Cert	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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List any others here:

Membership of Associations or Professional Bodies

1	
2	
3	

Supporting Statement

If you would like to write a supporting statement describing how you have used your skills then please do so below.

Signed:

Date:



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