



directors & editors guild of nz  
ngā kaiwherowhera kiriata

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## 2019 DEGNZ WOMEN FILMMAKERS INCUBATOR APPLICATION COVER SHEET

Applicant Name:		DEGNZ Member? (Y/N)	
Mobile:		Phone (optional):	
Email:			
Address:			
Project Name:		Project Format:	<input type="checkbox"/> Feature film <input type="checkbox"/> Feature Doco <input type="checkbox"/> TV Drama Series <input type="checkbox"/> Telefeature <input type="checkbox"/> Scripted Series <input type="checkbox"/> Web Series
Project Status:	<input type="checkbox"/> Treatment <input type="checkbox"/> Draft Script/s (#)		
Writer:	Director:	Producer:	

- I have read and understood the Application Call and Criteria and have included all the necessary documents in this application.

### **DEGNZ DIRECTOR APPLICATION CHECKLIST:**

- Completed DEGNZ Women Filmmakers Incubator Cover Sheet
- One-page project synopsis
- Maximum two-page letter
- One-page bio (not a CV)
- Filmography and links to completed work
- All documents compiled into a single PDF
- Single PDF correctly named using the following naming convention:  
**(YourName)\_DEGNZWomenFilmmakersIncubator\_2019**

Send to admin@degnz.co.nz with the subject line: DEGNZWF12019

**Deadline: 4PM, Monday 25 February 2019**