



Program Application MAR - SEPT 2013

- Applications are due in the suggestion box by LATEST Friday FEB 22
- A DRAFT program guide will be placed in the studio by Friday MAR 1
- A FINAL program guide will be placed in the studio Monday MAR 11
- MAR/SEPT 2013 program will commence 7.00 am Monday MAR 18

This form is for ALL PRESENTERS

PLEASE NOTE: To be considered for a program you must fill out all sections of this application.

Personal Details

Name of applicant *: _____

***All people associated with the application for a program must submit a separate application.**

Member number: _____

Date of birth (optional): _____ Sex: Male Female

Address: _____

Postcode: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Emergency contact: _____ Phone: _____

All presenters must have a fully trained backup presenter arranged for times when they are unable to present the program themselves.

If you do not have one already, please see the Station Manager or a Committee Member for help with this.

Backup Presenter: _____

Presenter Experience

Please tick any applicable boxes:

- I require comprehensive initial training as a new applicant
- I have some radio experience but require refresher training in _____
- I have completed the 2NCR buddy training course
- I have completed a radio training course (ACE, TAFE ETC) namely _____
- Other _____

Any other information you think we should know about you?

Any other qualifications, experience or interests that may be relevant to radio programming

Program Details

Proposed program name: _____

Your "on air" name: _____

Preferred day 1: _____

Preferred slot time 1: _____

Preferred day 2: _____

Preferred slot time 2: _____

Preferred day 3: _____

Preferred slot time 3: _____

If my preferred times are already allocated then I may still be interested in having a shift in one of the following time(s):

- Weekday 6am to 6pm
- Weeknight 6pm to midnight
- Weeknight midnight to 6am
- Weekend

Additional Program Details

Please enter the following information as concisely as possible.

This information will be used for program assessment

Brief description of program including content, music genres etc: _____

Who benefits by this program going to air? _____

Back up presenter name (if known): _____

Targeted Demographics

We would like to know (for marketing purposes) what audience you are targeting.
Please tick as many boxes as you think are appropriate:

Gender: Male Female

Age group: 0 – 15 yrs 16 – 30 yrs 31 – 45 yrs 46 yrs and above

Please briefly describe in words the sort of listener you are broadcasting to: _____

By signing this form I confirm that:

- ***I have already applied for, and been accepted as, a 2NCR member***
- If I am applying as a new presenter I have included a demo CD/tape with this application
- ***I understand that 2NCR operates as a volunteer run station and I agree to contribute 26 hours per this program period (ie: 1hr/wk) & attend 2 Presenter Meetings per year***
- I must have a backup presenter willing to do my show for me whenever I am unable to do it, and the programming committee will assist me in finding one
- I agree to undergo any training deemed to be necessary, either initial training or any refresher training
- I understand I must satisfy management that I have reached 2NCR's minimum standards of presentation and behaviour before being allocated a program
- ***I will abide by all station rules, ethics and regulations, including the Community Radio Codes of Practice***
- I will take direction from 2NCR management in the production and presentation of any allocated program
- Everyone associated with this application is a current financial member of North Coast Radio Inc

Signature: _____ Date: _____

Witnessed by: _____

Office Use Only

Circle one

New presenters

Applicant is current financial member	YES / NO
Applicant has attended an initial interview	YES / NO
Applicant has completed sufficient training	YES / NO
Demo CD/Tape Supplied	YES / NO
Backup presenter approved	YES / NO
Presenter access fee paid	YES / NO
Email address added to presenter list	YES / NO

Recommendation

Application approved/declined by: _____ Date: _____

Comments
