

EQUITY/IPA APPROVED ARTISTS' ADVERTISING CV

ARTIST'S DECLARATION FORM

STRICTLY CONFIDENTIAL

ARTIST'S DETAILS

Name:	<input style="width: 95%;" type="text"/>	Height:	<input style="width: 95%;" type="text"/>
Hair:	<input style="width: 95%;" type="text"/>	Eyes:	<input style="width: 95%;" type="text"/>
Wardrobe size:	<input style="width: 95%;" type="text"/>	Age:	Tick here if over 70 <input type="checkbox"/>
Nationality:	<input style="width: 95%;" type="text"/>		For alcohol adverts tick here to confirm 25+ <input type="checkbox"/>
Work permit:	YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable <input type="checkbox"/>	Valid driving licence:	YES <input type="checkbox"/> NO <input type="checkbox"/>
		Passport:	YES <input type="checkbox"/> NO <input type="checkbox"/>

(Passport must be valid over shoot dates plus 6 months)

I understand that the advertiser needs to know whether my nationality or passport prevent me from visiting certain territories.

Restricted territories: (if any)

Flying:
I declare that I am currently able to fly without health (or other) restrictions: YES NO Speak to Agent

ADVERTISING CV

(All territories and platforms as a featured artist in the past 3 years)

I recognise that making a false declaration or the failure to disclose any information relevant to my casting suitability could result in my being personally liable for the recovery of associated costs.

PRODUCT	DATE	MEDIA PLATFORMS	TERRITORIES
<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>

ATTACH ADDITIONAL SHEET IF NECESSARY

TO BE COMPLETED BY THE CASTING DIRECTOR OR AGENT

Product:	<input style="width: 95%;" type="text"/>	Usage:	<input style="width: 95%;" type="text"/>
Proposed BSF (Agent Advised): £	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Date of Casting:	<input style="width: 95%;" type="text"/>	Casting Director:	<input style="width: 95%;" type="text"/>

DECLARATION

In submitting this form, artists are declaring that to the best of their knowledge they know of no reason why their appearance would bring public disgrace to the product/agency/advertiser; that over the past three years (i) their health has not prevented them from working or (ii) they have recovered from any health issues that may have prevented them from working and (iii) that any condition is now well managed, that they agree to produce a medical certificate if it should prove necessary and that they are fit for work.

Please specify any current commitments:		
Contact number – agent or artist (please specify):		
Signed, in good faith, by the artist (at the casting):		Date:

NB: This document constitutes a declaration, not an acceptance of terms.

IPA ARTISTS' ADVERTISING CV ARTISTS' DECLARATION FORM (PART 2)

STRICTLY CONFIDENTIAL

ARTIST	AGENT
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Address <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Tel No <input style="width: 90%;" type="text"/>	Tel No <input style="width: 90%;" type="text"/>
AGENCY	CLIENT
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Address <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Tel No <input style="width: 90%;" type="text"/>	Tel No <input style="width: 90%;" type="text"/>

DETAILED DECLARATION

All TV productions are covered by various insurance policies. As such, we are required by the underwriters to ask the following questions:

1. Are you in good health? Yes No
2. Do you agree to produce a medical certificate, if it should prove necessary? Yes No
3. Over the past three years, has your health prevented you from working? Yes No
4. By representing this product in this commercial, do you know any reason (e.g. a relevant criminal offence not spent under the provisions of the Rehabilitation of Offenders' Act 1975) why your appearance would bring public disgrace or ridicule to the product/agency/ advertiser? Yes No
5. Are there any facts about yourself, which could have an adverse affect on this production? Yes No

(Facts which could have an adverse affect on the production include, but are not limited to, unspent criminal convictions, a medical condition, being declared bankrupt, or a family member's impeding operation. Such facts could result in a scheduled production being altered, cancelled or the final commercial being unable to air. If you have any doubts as to whether a fact might be relevant, please declare this to the agency producer.)

NB: All information you provide will only be used in relation to this advertisement. It will not be shared with third parties not connected with our Insurers of this commercial and will be processed in accordance with the Data Protection Act 1998.

ARTIST CONFIRMATION

Please confirm your understanding and consent to the Agency processing information you provided by ticking this box:

Signed, in good faith, by the Artist: Date: