



INDIGENOUS CONTRIBUTOR FORM

The purpose of this form is to collect information to be used in a future database designed to connect Indigenous cast, crew, and companies within the film and television communities. **Please fill out this form and email to database@aptn.ca along with your updated CV/resume and current headshot as soon as possible.**

Preferred Name: _____ Gender: _____ Date of Birth: _____
DD-MM-YYYY

Email Address: _____ Work Phone(s): _____

Company, if any: _____ Website: _____

Agent(s), if any: _____
Agent Name / Contact Details

First Nations/Inuit/Metis: _____ Nation(s), if known: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Occupation(s) in Film/Television:

Additional Relevant Skills/Education/Occupations:

Affiliated Unions (ie: Equity, AMPIA, etc.):

By signing this form you are certifying that the information provided above is accurate. In addition I/we hereby authorise Aboriginal Peoples Television Network (APTN) to use the enclosed information for its database. This database will not enclose sensitive details such as personal addresses for public view. This database will be designed to benefit individuals and companies looking to connect with other Indigenous film and/or television contributors. Information may be shared with the Indigenous Screen Office, unions, production companies, broadcasters, and/or agencies.

The signor will attach this form along with an updated CV/resume and current headshot. Should any information/details need to be updated, the signor will promptly send any updates to database@aptn.ca. You may retract your consent at any time. If you wish to no longer participate, you may send an email to database@aptn.ca.

Name: _____ Date: _____

Signature: _____ Date Received: _____
Office Use