## **Video Production Request Form**

Project Title:		
Application Date:		
Project Leader Name(s)	and Title:	
Phone:	E-Mail:	
Contact Member Name(	s) and Title:	
Phone:	E-Mail:	
Department:		_
Multimedia Needs (Chec	k all that apply)	
Video Capture / Live	Event Video Recording	
Audio Editing	_	
Video Editing		
Voice Over		
Streaming Video		
DVD Production		
Unsure (Consultation	7)	
Other (please specify	ý	
_		
Purpose:		
Objectives:		

## **Points to Consider:**

Please answer each of the following questions in a succinct manner:

- Who will see the finished program?
- Who is the audience age, background knowledge, location?
- On what format or delivery system will they see it?
- When will they see it and in what environment?
- Why will they see it?
- What information or impression should they bring away from the program?
- What are the key points and key information, teaching/learning points to be covered?
- What is the working title of program and/or series?
- What is the preferred method of distribution tape, broadcast, website, DVD or other?
- What is the preferred running time of program?

- What budget is available / what is the estimated cost/ what is the APU account number?
- When is the final video needed?
- Names, roles and contact details of project personnel?
- What is your availability during the process? (You need to allow time for meetings, organizing some aspects of production and sometimes to be there for shooting and editing.)
- Is a script needed?
- Where is this to be shot, in the studio and/or on location?
- What is the estimated production time? (See Video Production Process above)
- Dates for production/production schedule?
- What type of on-camera talent do you desire (interviews, actors, B-Roll, etc.)?
- Do you need a professional voiceover?
- Copyright issues?
- Talent and on camera clearances?
- Do you need/have location shooting permissions/clearance?