

## PROGRAM APPLICATION

Presenters must be financial members of Southern Vales Community Radio Inc. at the time of submitting this document.

If there is more than one presenter for a program each presenter must fill out a separate application.

Once your application has been processed and approved you will be notified. You will then be invited to meet with the Program Committee to discuss your program content and training.

### **PRESENTERS INFORMATION:**

First name: .....

Surname: .....

Address: .....

Home Phone: ..... Mobile: .....

Email: .....

Do you have any special needs that we need to consider? .....

.....

Have you any prior radio experience?                      Yes                      No                      *(please circle one)*

Where?.....

How did you hear about Triple Z? .....

Call Sign: Triple Z  
Frequency 91.1

SVCR Inc (Southern Vales Community Radio Inc)  
PO Box 666 McLaren vale SA 5171  
Tel: (08) 8323 0911 E-mail: [admin@5triplez.com.au](mailto:admin@5triplez.com.au)  
ABN 67 194 618 879

**PROGRAMME DETAILS**

1. What is the Title of your Programme? .....

.....

2. Please give a detailed description of the program you wish to present:

.....

.....

.....

.....

.....

3. What genre/s of music will you be focusing on? .....

.....

4. What are your preferred days & time slot? .....


.....


5. Who is your target audience? .....

6. How do you propose to promote your program? E.g. Facebook page,

.....

7. Preferred duration of your programme? 1½ hours 2 hours 3 hours (please circle)

 Call Sign: Triple Z  
Frequency 91.1

 SVCR Inc (Southern Vales Community Radio Inc)  
PO Box 666 McLaren vale SA 5171  
Tel: (08) 8323 0911 E-mail: admin@5triplez.com.au  
ABN 67 194 618 879

I have read, understood and agree to all policies and procedures as outlined in the Triple Z presenters Agreement.

I am a financial member of Southern Vales Community Radio Inc.

I understand that I will be monitored for my “on-Air” presentation and program content to ensure I comply with the

- **The Broadcast Services Act 1992**
- **The Community Broadcasting Association of Australia (CBAA) Guidelines**
- **All SVCR Inc. Policies and Procedures**
- **The SVCR Inc. Constitution**

**SIGNED:** .....


**DATE:** .....


**PRESENTER, PLEASE INCLUDE WITH YOUR APPLICATION:**

- Draft running sheet for the first programme
- Any other information that will support your programme application
- Programme reel or demo of your work
- Proof of radio experience if you have prior experience

**Presenter Applications  
Attention Program Committee**

**Triple Z  
PO Box 666 McLaren Vale SA 5171  
or  
E-mail: pc-sec@5triplez.com.au**

 Call Sign: Triple Z  
Frequency 91.1

 SVCR Inc (Southern Vales Community Radio Inc)  
PO Box 666 McLaren vale SA 5171  
Tel: (08) 8323 0911 E-mail: admin@5triplez.com.au  
ABN 67 194 618 879

**PARENT/GUARDIAN OF PERSON UNDER 18 YEARS - PLEASE COMPLETE THIS SECTION**

If you are under 18 years of age you will need permission from a legal guardian before commencing as a presenter. They will be required to attend whenever you train or work in the studio as a presenter.

I, ..... acknowledge that I am the Parent/Guardian

Of ....., who is making this application as a prospective volunteer and is under 18 years of age.

I give my consent to him/her becoming a presenter at Triple Z.

I understand that I may be required to be present while the applicant is volunteering at the station.

**SIGNATURE:** .....

**DATE:** .....