

# All 4 One Film Project 2017

Supported by **The Aurora Group**, headspace Maitland will be producing a short film to give young people from a regional area a platform to discuss their LGBTQIA+ experiences and to create a lasting resource to be used in schools and programs.

**Calling all creatives!** are you a budding director, writer, performer or set designer? Hit us up at headspace Maitland to get involved.

**Got something to say?** If you identify as LGBTQIA+ and would like to have your say around the content of the film, get in touch - we want the film to include as many voices and experiences as possible.

May 10  
3:30-5pm

**T-shirt Design  
Workshop and Film  
project brainstorm  
session**

May 17  
3:30-5pm

**Script writing  
Workshop**

May 24  
3:30-5pm

**Script writing  
Workshop**

May 31  
3:30-5pm

**Rehearsal & All  
4 One Meeting**

June 7  
3:30-5pm

**Rehearsal**

June 10  
10-4:30pm

**Saturday - Full Day  
Filming**

**Snacks and  
Drinks  
Provided!**

**Contact: Laura on (02)49311000 or  
laura.hanlon@samaritans.org.au**

**Where: headspace  
Maitland 73 Elgin  
Street Maitland**



# Registration Form All 4 One Film Project

This information is collected to help headspace Maitland create the best possible safe space for LGBTQIA+ young people and is only used within our service. Gathering information about your gender identity and sexual preferences helps headspace Maitland apply for funding and provide you with relevant resources. If there are any questions you do not want to answer or are unsure about, feel free to leave them blank or speak to a staff member.



## **Contact Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Best contact number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Emergency contact**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Best contact number: \_\_\_\_\_

## **About You:**

1. In which country were you born? \_\_\_\_\_

2. Are you Aboriginal or Torres Strait Islander?  Yes  No

3. How would you describe your gender identity? (e.g Female, Male, non-binary, Cisgender, Transgender, Intersex)

\_\_\_\_\_

4. Preferred pronoun: (e.g she, he, they, ze) \_\_\_\_\_

5. How would you describe your sexual orientation? (e.g Bisexual, Gay, Lesbian, Pansexual, Heterosexual/Straight, Queer)

\_\_\_\_\_

6. How did you find out about this project? \_\_\_\_\_

7. Do you have any allergies?

No  Yes, what are you allergic to? \_\_\_\_\_

## **Participant Responsibilities**

At headspace Maitland, we aim to create a space that is safe, inclusive and supportive. In order to achieve this, we have guidelines that we ask you to agree to. These guidelines apply to participant (and staff) behaviour both at the group and during online interactions. A staff member will explain these to you.

## **Agreement**

A staff member has explained the guidelines to me and I understand and agree to them.

I understand that if I am having difficulties with these guidelines, that it is my responsibility to speak to a staff member.

Signed by Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by Staff member: \_\_\_\_\_

Date: \_\_\_\_\_