



Presenter Information

First Name _____
Last Name _____
Address _____
Home Phone _____
Mobile _____
Email _____

Do you have any special needs requiring consideration? _____
Have you any prior radio experience? _____

Co-presenter 1 Information

First Name _____
Last Name _____
Address _____
Home Phone _____
Mobile _____
Email _____

Do you have any special needs requiring consideration? _____
Have you any prior radio experience? _____

Co-presenter 2 Information

First Name _____
Last Name _____
Address _____
Home Phone _____
Mobile _____
Email _____

Do you have any special needs requiring consideration? _____
Have you any prior radio experience? _____

Once completed email this form to Augusta@crc.net.au please include with it a draft running sheet for your first program and any other information that will support your application.
For more information call 9758 0002 or email the above



Government of Western Australia
Department of Regional Development



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Program Details

What is the programs title
Please give a brief description of the program

What will be the main genre of music played

What is your preferred timeslot

Are you willing to undergo formal training

Can you supply your own music

What ratio of **talk to music** will the show broadcast

- 4:1 3:2 2:1 1:1 1:2 2:3 1:4

What is your target audience

What is the overall feel of the program (e.g. art/sport/comedy entertainment or journalistic etc.)

How do you propose to promote your program

What suggestions do you have regarding sponsorship opportunities that your program may attract

What is the preferred run time of your program (1, 2 or 3 hour(s))

Notes

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Declaration

I have read the station policies, including the CBAA codes of practise. I agree that I am willing to abide by station these policies and procedures and will abide by them accordingly.

Presenter

Name

Signature

Date

Co-presenter

Name

Signature

Date

Co-presenter

Name

Signature

Date

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