



Multicultural Radio and Television Association of WA (INC.)
 386 Fitzgerald Street, North Perth WA 6006
 Phone (08) 9227 5958 Fax (08) 9227 7692
 admin@mrtawa.org.au

APPLICATION for AIRTIME

We, the undersigned, herewith apply for access to 6EBA-FM broadcast facilities. In so doing we on behalf of the Applicant Group agree to subscribe to the Aims & Objectives of the Association as set out in the Constitution; We also agree to abide by the rules and regulations as detailed in the Broadcasting Services Act, the Codes of Practice as published from time to time for Community licenses stations, the 6EBA Station Policy, Procedures, Rules and Standards and other documents published by the station from time to time.

NAME OF ORGANISATION: _____

ORGANISATION REPRESENTATIVE:

1. **Name:** _____ **Position:** _____

Address: _____ **Phone:** _____

2. **Name:** _____ **Position:** _____

Address: _____ **Phone:** _____

SIGNATURES: 1. _____ 2. _____

Date of Application: ____/____/____

DETAILS OF APPLICANT GROUP: (Please outline who you are)

SIZE of COMMUNITY in PERTH METRO AREA : (Approximate numbers) _____

INCORPORATION: (Is your group an incorporated body with a constitution)

No Yes (If "YES" please attach or forward a copy to 6EBA-FM)

DETAILS OF PROPOSED RADIO PROGRAM: (Please describe your intended program breaking it down into segment time e.g. Music 30 mins; News 10 mins etc. Attach details on another sheet of paper if there is insufficient space below)

PROGRAMMING INFORMATION DETAIL

PROPOSED TITLE OF PROGRAM: _____

LENGTH OF PROGRAM:

Half-hour (28 mins) One-hour (58 mins) Other: (Please Specify) _____

FREQUENCY OF BROADCAST:

DAILY WEEKLY MONTHLY OTHER (Please Specify): _____

APPROPRIATE DAY/TIME (Specific time slots cannot be guaranteed)

Please select from the ***Program Guide supplied your choice of air time***.

Day of Week: _____ Start time: _____ Finish time: _____

ETHNIC LANGUAGE SPOKEN IN PROGRAM: _____

MODE OF BROADCAST: Live (Pre-recorded programs are acceptable in certain circumstances)

NUMBER of PARTICIPANTS IN PROGRAM TEAM ? _____

(Note: Maximum of 4 persons in the studio at any one time)

TRAINING REQUIREMENTS: (Only 6EBA trained and approved persons may operate equipment)

(All presenters must pass Theory training) (Panel Operators must pass Theory & Practical)

DETAIL any SPONSORSHIP for PROPOSED PROGRAM: _____

OFFICE USE ONLY:

Application for Airtime approved by the MRTA Council

Application for Airtime not approved by the MRTA Council

Special conditions:

Please note:

The Station reserves the right to change the time & frequency of program broadcasts

Membership current until: ____/____/____ **First Program on air:** ____/____/____

Signed: _____ (Station Manager) **Date:** ____/____/____