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M-F. 08:00 - 18:00  
Sat. 10:00 - 13:00

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## ASSISTANT EXPERIENCE FORM

Please complete this form and email or fax it back to us.

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### TECHNICAL EXPERTISE

Cameras \_\_\_\_\_

Lighting \_\_\_\_\_

Digital \_\_\_\_\_

Photo experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prefer to work as:

1st Assistant

2nd Assistant

Digital Tech

Driving experience:

Class of licence \_\_\_\_\_

How long you've held this licence for \_\_\_\_\_

Please note: in order to maintain the accuracy of this listing, we request you notify us of any changes.