



FILM  
DEVELOPMENT  
COUNCIL OF THE  
PHILIPPINES



NATIONAL  
HISTORICAL  
COMMISSION OF THE  
PHILIPPINES

**SINESAYSAY**  
PHILIPPINE HISTORY DOCUMENTARY SHOWCASE  
BAGONG SIBOL DOCUMENTARY LAB  
ENTRY FORM

**CANDIDATE'S FAMILY NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**COMPLETE ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DATE AND PLACE OF BIRTH:** \_\_\_\_\_

**CITIZENSHIP:** \_\_\_\_\_

**MOTHER LANGUAGE:** \_\_\_\_\_

**OTHER LANGUAGES SPOKEN AND WRITTEN:** \_\_\_\_\_

**PRESENT OCCUPATION:** \_\_\_\_\_

**STUDIES OR TRAINING IN CINEMA**  
(INCLUDING INTERNSHIPS IF APPLICABLE): \_\_\_\_\_

**DOCUMENTARY EXPERIENCE:**  
(TITLE, YEAR OF COMPLETION, LENGTH OF PRODUCTIONS AND ROLE PLAYED BY THE  
CANDIDATE; INCLUDE MEMBERSHIP IN ANY INDEPENDENT OR VIDEO ORGANIZATIONS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIMEO LINK OF A PREVIOUS DOCUMENTARY WORK:** \_\_\_\_\_



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**SYNOPSIS OF PROPOSED DOCUMENTARY PROJECT (8 LINES MAX.)**

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**WHY DO YOU WANT TO MAKE THIS DOCUMENTARY?**

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**NAME OF CONSULTED HISTORIAN:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_