

PRODUCTION REGISTRATION FORM

BACKGROUND

To assist the DOLE Bureau of Working Conditions in monitoring, and the Department of Health with contract tracing, FDCP will be managing a central register of all projects intending to shoot.

This registration is part of the reportorial requirements of the Occupational Safety and Health Act and the DOLE-JMC 001, S. 2020 that all productions need to comply with.

This register will be managed by the FDCP National Registry under the SAFE FILMING PROGRAM.

REGISTRATION INSTRUCTIONS

1. Download the FDCP-SF Form 1 from the FDCP website at **www.fdcph.ph**.
2. Fill out the Form with complete details, including the following:
 - Production company name.
 - Production company contact
 - Project name
 - Approximate shoot dates
 - Names of essential cast and crew reporting on site
3. Send in the .pdf of the Form (signed with an electronic signature) to **safefilming@fdcph.ph** as early as possible following the subject format:

Production Registration [Project Name][Production Company][Date of First Day of Prod].

Registrations may be received at the latest 7 days prior to the first day of the production.

4. The company will receive an acknowledgement of registration from Safe Filming together with the Health and Safety Protocol Manual, and the necessary tool kits and forms that will be used in the conduct of the production activities.

This information that productions will be submitted will be collected and held for the above mentioned purposes and handling of such information will be in compliance with the Data Privacy Act.

PRODUCTION REGISTRATION FORM

Form No. _____
(To be filled by FDCP)

PRODUCTION DATES: _____
 LOCATION: _____
 ADDRESS: _____

I. PROJECT INFORMATION

Project Title:	
Director/s:	Writer/s:
Producer/s:	Phone/Email:
Line Producer:	Phone/Email:
Location Manager:	Phone/Email:

II. PRODUCTION COMPANY INFORMATION

Name of Production Company:	
Office Address:	
Phone/Email:	
Primary Contact Person:	Phone/Email:

II. PRODUCTION COMPANY INFORMATION *(Please check the box applicable to you)*

<input type="checkbox"/> Feature Film <input type="checkbox"/> Short Film <input type="checkbox"/> Student Film <input type="checkbox"/> Documentary	<input type="checkbox"/> Animation <input type="checkbox"/> Advertisement <input type="checkbox"/> Music Video <input type="checkbox"/> Others: _____
<input type="checkbox"/> TV Series/Mini Series <input type="checkbox"/> TV Reality <input type="checkbox"/> TV Variety Show <input type="checkbox"/> TV Talk Show <input type="checkbox"/> TV Others _____	Number of Episodes:
How is this production intended for exhibition? (e.g. cinemas, content platforms, television)	

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IV. PRINCIPAL CAST & CREW *(Please take note that only a MAXIMUM of 50 people on the set are allowed)*

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V. PRODUCTION DATES AND LOCATION

Production Shoot Dates:					
Day	Date	Location	Call Time	Wrap-Up Time	No. of Cast & Crew on Set

V. CERTIFICATION

By signing below, I hereby affirm that I am authorized to sign on behalf of the applicant production company described above, and further confirm that all information provided on this form is true and correct to the best of my knowledge.

I hereby certify that the production company will comply with the Republic Act 11058 or the Occupational Safety and Health Standards Act and subordinate regulations and follow guidance provided in the DOLE-FDCP Joint Memorandum Circular 001, Series of 2020 on the Guidelines Governing the Working Conditions and Occupational Safety and Health of Workers in the Audio-Visual Production Industry.

Name of Production Representative	Signature
Date	