**VICTORIAN DEAF EDUCATION INSTITUTE CAPTION CENTRE**

 **CAPTIONING REQUEST FORM**

**Email completed form to: - caption.centre@deafeducation.vic.edu.au**

**REQUEST DATE:**

**Requester Contact Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Phone Number** |  |
| **School/Organisation** |  |

**Student Details**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Year Level:** |  |
| **School/ Organisation:** |  |
| **Subject Related to Request**  |  |

**Media Information**

Please allow for a minimum of 3-4 weeks per movie for captioning to be completed. Smaller media files may be able to be captioned in a shorter period of time depending upon current workload.

|  |  |
| --- | --- |
| **Date Required:** |  |
| **Media Title:**  |  |
| **File Length:** |  |
| **Media Type (Digital File, Online, ClickView, etc)** |  |
| **URL if media is online (YouTube etc)** |  |
| **Additional Information and/or Comments** |  |

***We request you complete and sign the section below if you own the media (i.e. a commercial DVD) requiring captioning.***

**Due to Copyright Legislation**

**Please complete the following:**

\*\*I have searched the marketplace to a reasonable extent to find a commercially available captioned copy of this item and believe there is no such copy available for purchase.

(You are required to keep proof of search on file).

A commercially purchased  DVD is owned by the school/teacher

**Title of media and genre:**

**Length of media:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caption Centre staff to complete**

Date and time received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Database checked for existing copy: Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Captioned Media returned to teacher: Yes / No

Date original returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_