**aemi Artist Support Programme 2025**

**TIER 2: DEVELOPING YOUR PRACTICE AS A FILM ARTIST**

* **Name:**
* **Postal address:**
* **email address:**

**Briefly describe your practice (max 200 words):**

**Briefly describe the benefits this programme will have for your practice (max 200 words):**

**What aspects of your practice are you hoping to develop specifically (max 200 words):**

**Please share a link and/or password to two existing works:**