



REQUEST FOR ACCESS TO THE VIDEO ON DEMAND PORTAL FORM

APPLICANT CONTACT INFORMATION

Applicant name and Position:

Company / Organization:

Phone:

Email:

Mailing Address:

PURPOSE OF APPLICATION

Details of purpose of request:

Duration of request:

ONGOING - TO COME INTO OPERATION ON: DD of MM 20YY

PERIODIC - BEING FOR THE PERIOD FROM: DD / MM /20YY to DD / MM /20YY

SINGLE USE -BEING FOR THE PERIOD: DD / MM / 20YY

AGREEMENT

I acknowledge that I have read, understood and accepted the conditions for access to the Video-On-Demand Portal and for the viewing, distribution and use of the proceedings of the Houses of the Parliament of South Australia and I undertake to ensure that members of the Organisation on whose behalf I am applying for will abide by those conditions.

_____ (Signature): _____ (Name): _____ (date)

CONDITIONS OF USE

As owners of the Video-On-Demand (VOD) and Web Site footage, the Parliament of South Australia through the offices of the Speaker of the House of Assembly and President of the Legislative Council grants licenses to access the Parliament of South Australia VOD system of which all Users are bound by the following conditions:

1. Media organisations must be accredited;
2. Broadcasting material either via broadcast media, social media, print or other shall be used only for the purposes of fair and accurate reports of proceedings, and must not be used for:
 - a. political party advertising or election campaigns;
 - b. commercial sponsorship or commercial advertising;
 - c. satire, ridicule or denigration; or
 - d. media advertising or promotion;
3. Reports of proceedings shall be such as to provide a balanced presentation of differing views;
4. Downloaded Broadcast material shall not be digitally modified in any way. This principle underscores the ethical standard that prohibits intentional digital modification of broadcast material to distort its original meaning, emphasising the importance of maintaining truth and accuracy in media representation;
5. Excerpts of proceedings which are subsequently withdrawn may be rebroadcast only if the withdrawal is also rebroadcast;
6. The instructions of the President of the Legislative Council or the President's delegate in respect of broadcasting in the Legislative Council of the Speaker of the House of Assembly or the Speaker's delegate, in respect of the House of Assembly, shall be observed;
7. Broadcast material of all proceedings of both Houses of the Parliament of South Australia are provided and owned by the Parliament of South Australia. No other filming or sound recording of proceedings in either House is permitted except by express permission of the Presiding Officer of the respective House; and
8. Access to Video-On-Demand Licenses is on the basis of an undertaking to observe these conditions. A breach of any of these conditions may result in the President or Speaker suspending or withdrawing the License without liability to the Parliament of South Australia.

MEDIA CODE OF CONDUCT

Media organisations, and any employee or agent who uses the material, accepts that its, his or her broadcast is subject to the Journalists' Code of Ethics, and, in accepting the material, submits to the jurisdiction of the tribunal that from time to time adjudicates complaints under the Code of Ethics.

Media Organisations, and any employee or agent who uses the material, accepts that its, his or her broadcast is subject to the Australian Communications & Media Authority Media Codes of Practice relating to News, and, in accepting the material, submits to the jurisdiction that from time to time adjudicates complaints about News content. All complaints to A.C.M.A. regarding the use of vision supplied by Parliament will be adjudicated according to the News principles and not current affairs, infotainment or advertorials.

APPLICATION SUBMISSION

On completion of this form, the applicant should scan the document in its entirety and email it for approval to: vod.apply@parliament.sa.gov.au

PARLIAMENT OF SOUTH AUSTRALIA OFFICIAL USE ONLY

Approver

Legislative Council	
Name & Title President/Delegate	
Signature	
Date	
House of Assembly	
Name & Title President/Delegate	
Signature	
Date	
Approved: Yes / No Date of Approval: _____	
Reasons:	