



Confirmation of Employment Days On Set

- PRODUCER REQUEST FORM OPTIONAL TEMPLATE

To whom it may concern,

Thank you for assisting with my application to the newly established Bectu Intimacy Coordinators Registry.

The role of the IC Registry is to provide a list of Intimacy Coordinators, working in the screen industry in the UK and Ireland, who have a certain level of professional experience and approved role-related skills and competencies. This is designed to promote high safety standards and professionalism that can be relied upon by the industry. In confirming my **shooting days only** on set (not including rehearsal or prep days) you will be helping to maintain the integrity of the process of application. Please also **only include IC credits** on this form and not, for example, movement director or acting coach days, even if on the same production.

This document will remain within an application folder shared with Bectu staff Registry administrators, the elected Bectu IC Chair, Registry Rep and Registry Sub-committee members of the branch for inclusion in the application process. Please refer to the [Registry Privacy Notice](#).

Please include the relevant budget band and position credit as Intimacy Coordinator or Lead Intimacy Coordinator on the project, and return to me via the preferred digital signing platform.

For clarity, the budget bands which appear on the Bectu Intimacy Coordinators Ratecard are:

Scripted TV:

- BAND 1: under £1.25 Million per broadcast hour
- BAND 2: £1.25-£3 Million per broadcast hour
- BAND 3: £3-8 Million per broadcast hour
- BAND 4: £8 Million+ per broadcast hour

Film:

- Student/Short Films – Under £150K
- Micro-budget feature films – Under £1 Million
- Low budget feature films - £1-£5 Million
- Medium budget feature films - £5-£15 Million
- High budget feature films - £15-£30 Million
- Premium budget feature films (Major Motion Pictures) - £30 Million +

Example:

Company: IRMA'S STORY
Project: A Test Project
Date(s) of shoot: 10/10/2025-13/10/2025
Budget Band: Band 3 Scripted TV
Position: Intimacy Coordinator
Time, in days (IC shoot days only): 4



Many thanks for your assistance.

This document is to verify that [name of intimacy coordinator] has been employed as Intimacy Coordinator for the following production:

Company:
Project:
Date(s) of shoot:
Budget Band:
Position:
Time, in days (shoot days only):

By signing this form I confirm this information to be true and accurate. Your data will be stored in accordance with our [IC Registry Privacy Notice](#).

Signing parties:

Producer Name:

Date:

Contact email:

Initiator:

[IC Name]

Intimacy Coordinator

Date

Contact email: