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|  | 24 Ashwin St London E8 3DL0207 503 1645 |

**PlayWROUGHT #3 Application Form**

**Contact Details:**

|  |  |
| --- | --- |
| First Name | Surname |
| Age | Date of Birth |
| Email Address | Contact Phone Number |
| Address | Postcode |

**Please summarise briefly your any previous writing credits, training or general experience:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Title of play: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give a 100 word summary of your play:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Number of characters (please format this as 1M e.g. one male/ 1F e.g. one female): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of cast members (suggested max 5-8): \_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have access to a network of creatives (such as actors and directors) to support the development of your script and the final reading?**

YES/NO

**Please confirm you will be available for these dates (it is essential that you are available for the required dates):**

Thursday 27th or Friday 28th of November 2014 (date TBC)

Week commencing 1st of December 2014

Week commencing 15th of December 2014

5-10th of January 2015

12th – 17th January (Festival)

Late January (Group Evaluation)

YES/NO

**Please confirm you have read the terms and conditions:**

YES/NO

**Please confirm that the play has been submitted in the format outlined in the terms and conditions:**

YES/NO

**Equal Opportunities:**

Ethnic Origin. Please tick one description (as recommended by the Equality and Human Rights Commission)

A. White

British Irish Turkish/Kurdish Other white: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Mixed

White and Black Caribbean White and Black African

White and Asian Other mixed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Asian or Asian British

Indian Pakistani Bangladeshi Other Asian: \_\_\_\_\_\_\_\_\_

D. Black or black British

African Caribbean Other Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Chinese or any other ethnic group

Chinese Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you:

In Full Time Education Employed Neither

Other Information.

|  |  |  |
| --- | --- | --- |
| Do you have a disability?  | Yes/No |  |
| Do you suffer from any medical conditions which we should know about? (Eg. Epilepsy, diabetes of allergies). | Yes/No(If yes, please give full details). |  |

Additional Support.

If applicable, please indicate the nature of your support needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physical/Mobility difficulties | Yes/No | Learning difficulties | Yes/No | English Language support | Yes/No |
| Hearing Impairment | Yes/No | Visual Impairment | Yes/No | Mental Health difficulties | Yes/No |
| Any other? |

The information contained in this form will only ever be used for purposes of equal opportunities monitoring and will be stored securely at the Arcola Theatre.

We will only pass your information on to other agencies when we believe it is lawful in accordance with the Data Protection Act 1998 and when it is appropriate to do so.