

Application form for Performing Arts School

Contact Details

Name of Applicant:	
Address:	
Date of Birth	
Phone Number:	
Name of Guardian:	
Address of Guardian:	
(if different from above)	
Relationship to applicant:	
Name of Key Worker/Social Worker	
Phone Number:	

Previous History

Schools Attended:	
Other service programmes attended:	
Previous artistic experience:	

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Please tell us what you are doing at the moment:

Are you attending?

Day Centre College Work School Other – please tell us

Please tell us why would you like to join the Performing Arts School? (please add attachment if needed)

Please tell us about yourself, for example your hobbies and interests, other things you have done:

Auditions

If you get chosen do you need someone to come with you?

Yes No

If Yes, who would they be?

Is there anything else you need, like wheelchair access, particular food and drink breaks?

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Referees:

Please tell us about two people you have worked with in the last two years. They can't be members of your family, but they can be care workers, social workers, teachers, people from theatre companies or other arts organisations, or other people you have worked with.

Name		Name	
Address		Address	
Phone		Phone	
E-mail		E-mail	
Job		Job	
Company		Company	

Medical Information

Level and nature of disability:	
Additional Medical needs/disabilities:	
Is the applicant on medication (if so please specify):	
Other support needs of applicant:	
What level of staffing support is required for applicant:	
Is there transport available to allow applicant to get to premises:	

Signature of Applicant: _____

Signature of Guardian: (if required) _____

Date: _____

Return this form by: March 26, 2010
 to: Petal Pilley c/o Blue Teapot Theatre Company
 Silkes
 Munster Avenue
 Galway, Ireland

Good Luck!