

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 could be care workers, teachers, people from theatre companies or other arts organisations, or other people you have worked with.

Name

Address

Telephone number

E-mail

Job

Company

Name

Address

Telephone number

E-mail

Job

Company

Send this form, so that we get it by 6th May 2010, to:

Mind the Gap Studios
FREEPOST RRLX-AAKH-YUKC
Silk Warehouse
Patent Street
Bradford
BD94SA

Good luck.



Application Form

Making Theatre 2010-2011

Please fill in this application or ask a parent, support worker or advocate to help.

You must get it back to Mind the Gap by 6th May 2010

Your name

Your home address

Postcode

Your telephone number

Your mobile telephone number

Your date of birth

Please tell us name of your parent/support worker/ advocate (please tell us which), their telephone number and email

You must be able to answer Yes to all these questions to be able to join the course.

- I have a learning disability
- I will be over 18 years old on 1st September 2010
- I live in West Yorkshire

We would like you to tell us more about your interests and other things you have done. Please tick box to answer Yes or No

- I am interested in theatre and performing arts Yes No
- I have taken part in a theatre or drama project before Yes No
- I like working with a group of people Yes No
- I want to learn new skills Yes No

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

Please tell us why you would like to join the Making Theatre course

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, an induction loop or sign language interpreter, particular food or drink breaks.