



TRACK 2: THEATRE

PERSONAL DETAILS

Name: _____

Address: _____

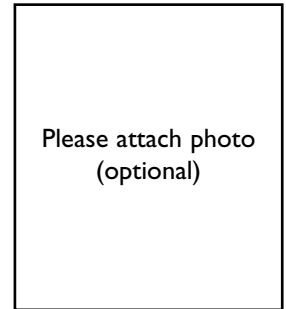
_____ Postcode: _____

Telephone: Home: _____

Mobile: _____

Work: _____

Email: _____



Date of birth: _____ Age: _____

Single/Engaged/Married/Divorced: _____

If Engaged/Married, please name Fiancee/Spouse: _____

Do you have a current driving license? YES / NO

Do you have a car/motorbike? YES / NO

Have you ever been involved in criminal proceedings? YES / NO

If yes, please give details:

CHRISTIAN BACKGROUND

Please state briefly how and when you became a Christian:

How do you seek to keep your relationship with God alive and relevant?

Describe something or someone that has made an impact on your Christian life recently:

Which church do you currently attend and in what way are you involved?

EXPERIENCE IN DRAMA

Please describe any work experience you have in drama including relevant dates:

Please describe all the experience you have had working in the theatre with different age groups:

CREATIVE WRITING TASK

Attempt to write a 3-person script suitable for a Secondary school assembly on the subject of BELIEF. Ideally it should be no more than 2-3 minutes in length and provide a snappy introduction to the assembly. This does not need to be of finished quality and should not be an existing script you have to hand.

The purpose of this exercise is to get an idea of scriptwriting ability and creativity. Please do not let this discourage you from applying! If you feel you cannot write a script, then just jot down some ideas!

(Please use a separate sheet for this).

MEDICAL SCREENING

Do you suffer from any recurring illness or allergies?

YES / NO

If yes, please give details:

Do you smoke?

YES / NO

Are you registered disabled?

YES / NO

Have you had any major periods of physical, mental or emotional illness requiring medical attention?

YES / NO

If yes, please give details:

Have you ever suffered from depression, addiction dependency, anorexia or bulimia?

YES / NO

If yes, please give details:

NB: Medical information given will not solely exclude you from interview selection.

REFERENCES

Please give below the names and addressees of two referees. One of these should be the Minister/Elder of your home church and the other an employee or someone who has supervised your work or studies at college/school:

Minister's name and church: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Second referee's name: _____

Their relationship to you (tutor/employer etc): _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN TO:

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