



Actor Training Application Form 2019

❖ To apply, you must be:

1. A disabled adult who wants a career in professional theatre
2. Aged between 18 to 25 years old
3. Living on the island of Ireland
4. Able to commit to completing a 5-workshop module
5. Considering audition for drama school
6. Open to a self-reflective process focusing on performance readiness

- ❖ It is in your interests to complete this form thoroughly and to comply with word limits.
- ❖ Do not assume the panel will have prior knowledge of your work. Your application will be judged by the information you give in the form.
- ❖ If you do not comply with word limits, the panel will ignore the surplus information.
- ❖ If you need the information in an alternative format, eg other format, eg Braille, please ask.
- ❖ If you handwrite the form, please print clearly, using a black ballpoint pen so that the material can be read if it is photocopied.
- ❖ If you want to talk to someone before making an application, please contact Hugh O'Donnell at the University of Atypical office. Contact him by email at project1@universityofatypical.org or call 028 9023 9450. Hugh works part-time so you might need to leave a message for him to get back to you.

❖ **Closing Date: Friday 7 June at 4pm**

SECTION 1: About you

Name:

Address:

.....

City Postcode:

Telephone: Mobile:

Email: Website:

SECTION 2: Disability/Impairment

a) Eligibility

You must be a disabled or deaf person to be eligible to apply. The Disability Discrimination Act defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out day to day activities.”

Using the definition above, are you disabled/deaf? Yes No

b) Disability/ impairment type

Please tick the main disability category that applies to you.

- Mobility impaired/ physically disabled
- Deaf/ hearing impaired/ hearing aid user
- Blind/ visually impaired/ partially sighted
- Mental ill health/ mental health difficulty
- Learning disability/ intellectual impairment/ neurodiverse
- Hidden disability, eg epilepsy, diabetes, acquired brain injury etc.,
(please give detail below)

.....

- Other (please give detail below)

.....

c) Access requirements*

In no more than 50 words, please tell us below about your disability access requirements, if you have any:

*We will do our best to meet access requirements for successful applicants. If for any reason we are unable to meet your access requirements but we believe you would benefit from the training, we will fundraise to run another course in which you can be fully included.

SECTION 3: Your experience/interest

The following questions are to confirm your connection with the performing arts. We would like you to tell us of any prior involvement in performing arts, even if this experience has been brief.

Q1.

Why do you want to join this programme? Have you previously considered furthering your development as a performer?

Please write a minimum of 50 words and a maximum of 250

Q2.

What is your experience of the performing arts? This could be at school, a course, via qualifications, theatre projects etc. If you have no previous experience please tell us why not.

Please write a minimum of 50 words and a maximum of 250

SECTION 4: Declaration

a) Your declaration

I declare the following:

- *All information in this application is truthful and accurate*
- *I am a disabled or deaf person*
- *I am NOT a full-time student, nor am I studying more than 20 hrs per week*
- *I have been domiciled (permanently resident) on the island of Ireland for than a year*

Artist's signature: **Date:**

Name: *(in BLOCK CAPITALS please)*

b) Advocate/support worker's declaration (only complete this if relevant):
I am a parent/friend/care-worker/interpreter (delete as applicable) and I have completed the application or signed on the applicant's behalf for access reasons. I declare that this application has been completed with the full knowledge of the applicant and I am signing to confirm the artist's compliance with the declaration above.

Signed **Date:**

Name: (in BLOCK CAPITALS please)

Address:

County **Postcode:**

Telephone: **Email:**

Now email the form to: project1@universityofatypical.org
Or post it to: University of Atypical, Cathedral Quarter Workspaces, Ground Floor, 109-113 Royal Avenue, Belfast, BT1 1FF.

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Partners



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