**Abbey Theatre Work Experience Programme 2024/2025**

**Application Form**

|  |
| --- |
| **Name**  |

|  |
| --- |
| **Contact Number** |

|  |
| --- |
| **School** |

|  |
| --- |
| **School Address** |

Are you available?

**Week 9th-13th December 2024? Yes No**

Are you available on

**Friday 6th December 2024? Yes No**

(To see the evening show)

1. Please tell us what you know about the Abbey? Have you ever been here?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. Please outline why you would like to do your work experience at the Abbey Theatre?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. What are the specific areas of theatre that you are interested in?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. Tell us about the last show you saw – what worked and what didn’t? Why?

*(This can be a play, concert, reading etc.)*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Please note that if students are successful in gaining a place on the Work Experience Programme, they must be able to provide written consent from their school and also a copy of the school insurance policy covering the period of their work experience.**

Signed By: (Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By: (Parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parental Consent is required)

Please send this completed application form along with the following documents to the email TY.Programme@abbeytheatre.ie

**Additional Documents:**

* Basic Curriculum Vitae
* Letter of Endorsement

Thank You.