



Work Experience Application Form

Please **complete this form** and email to sara@castindoncaster.com, with the subject title of Work Experience Application, alternatively please hand in to the Cast Box Office (marked with Work Experience), or post to: **Work Experience and Placements**, Cast, Waterdale, Doncaster, DN1 3BU

PLEASE NOTE ALL WORK EXPERIENCE MUST RETURN THIS FORM BEFORE being offered a place on our **audition workshop**

Availability (please circle): February 3rd - 7th 2020 10AM - 4PM

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

First name: Last name:

Age: Date of Birth.....

Contact address:

Postcode: Email:

Main telephone number:

Emergency contact name and number:

Current Occupation (if in Education, where and at what level?):
.....

Please let us know about any medical conditions, additional needs or other requirements (including dietary) that you have. It is really important that you let us know of anything, so we can fully support and prepare for your involvement:

Conditions of volunteers/placements:

- Volunteers and Placements must complete and **return this form before attending the audition day.**
- All volunteers and placements are expected to adhere to Cast's health and safety regulations (which will be discussed at the beginning of sessions), and conduct themselves in a friendly and polite manner during their attendance at Cast.
- Whilst on volunteering or experiencing a placement at Cast, you will expect to be dressed in a smart and appropriate manner for the position you will be undertaking (for example dark trousers for an usher placement).

Signature and permissions for use of photographic and video materials

During the activity, Cast may commission photographs and videos. Selected images will be used for future Cast publicity and archive purposes, in print, on the website and digital materials. Please indicate your permission below for us to use these images. If you do not wish to be included in photographs for use in future publicity, then we will make suitable arrangements when a photographer is present.

I give permission for photographs and video materials containing my image to be used by Cast for publicity and archive purposes:

YES

NO

Please outline any specific requirements for your placement (eg. number of hours, dates, flexibility, etc.):

Please outline any relevant previous experience:

Why are you interested in a placement at Cast?

What do you hope to gain from this placement?

We would like to keep you up to date with future opportunities and events at the theatre, please let us know if you are happy to be added to the database.

Please add me to the database

Please do not add me to the database

Please sign the following to indicate that you are happy with the contents of this form and details provided:

Signature:
Signature of volunteer/placement

Date:

Signature:
Signature of parent/guardian if applicant is aged under 18

Date: