 

SWPDP APPLICATION FORM

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| Name |  |
| Mobile Number |  |
| Email |  |
| Age | 0-19  20-34  35-49  50-64  65-74  75+ I would prefer not to say |

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| How did you hear about Stage Write Playwright Development Programme? |
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| Have you attended any other writer’s groups/ workshops? If so which? |
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| Describe your writing experience |
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| Please tell us a little about your writing (i.e. what are your goals? What are you working on currently? Etc.) |
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| Signed |  |
| Date |  |

Please attach a sample of your writing – no more than 10 pages