**Noughts & Crosses School Theatre Project**

**Application Form**

**Your School/Institution**

School/Institution Name:

Address:

**Main Contact**

Full Name:

Job Role:

Email Address:

Telephone Number:

**Secondary Contact**

Full name:

Job Role:

Email Address:

**Your Group**

Age range and/or year group:

What challenges do you think the company will face in taking part? The information you provide here will help us to plan how we can best support you through the programme. (250 words maximum):

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Are there any learning or accessibility needs for members of your group?

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How did you find out about Noughts & Crosses Schools Theatre project? (please mark an ‘x’ besides one of the below)

Website

Friend/Family Member

Teacher/Tutor

Social Media

Email/call from TRSE

Other: please state:

**Declaration**

To the best of my knowledge, the information I have given on this form is correct and complete.

Signed ……………………………………….… Date ………………………………………………

Please email this completed form to Serena B. Robins srobins@stratfordeast.com