

Royal Manitoba Theatre Centre Assistants Program

Name: _____ Pronouns: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Artistic Disciplines(s) (please check):

Lighting Design

Sound Design

Choreography

Set Design

Direction

Properties

Costume Design

Music Direction

Other: _____

Have you received a Royal MTC scholarship, apprenticeship, or assistant position in the past?

Yes No

Have you acquired funding from an outside body to support this position? (Please note that this will not deter from selection) If Yes, from which organization(s)?

Yes No _____

Are you a CAEA member? Yes No Are you an ADC member? Yes No

Relevant Training/Post-Secondary Institution Attended: _____

Location: _____ Program: _____

Length of Program: _____ Year of Completion: _____

Optional: If you self-identify as a member of an equity-deserving community, you may provide information here: _____

Declaration:

- I am a Canadian Citizen or a permanent resident of Canada.
- I am a resident of Manitoba.
- I have read and understand the eligibility criteria and guidelines
- I accept the conditions of Royal MTC's assistant program
- I have read and understand the "Additional Information" section.

Signature: _____ Date Signed: _____