

PROFESSIONAL THEATRE TRAINING PROGRAM



APPLICATION

Please do not use staples, bindings, specialty papers or colour documents.
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.
Keep one copy for your records.

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE: () _____

E-MAIL: _____

HOW LONG HAVE YOU BEEN A RESIDENT OF ONTARIO? _____

ARE YOU a) A CANADIAN CITIZEN? _____ or b) A PERMANENT RESIDENT? _____

THEATRE ONTARIO MEMBERSHIP # or DATE WHEN YOU PAID THE MEMBERSHIP _____

Did you meet with the Theatre Ontario Program Coordinator? In person? By phone? Did not meet.

I wish to apprentice in (discipline) _____

with (name of mentor) _____ Contact #: _____

at (name of theatre company if applicable) _____

Dates of Training: from _____ to _____

Subsistence allowance: \$ _____ per week. Total Number of Training Weeks: _____

Travel Allowance (if applicable, please explain on separate sheet) _____

TOTAL REQUESTED: \$ _____

The following documents must be included for a complete application:

- A covering letter/proposal outlining your reasons and objectives for the training [2-3 pages] .
- Schedule of training program, including weekly breakdown of goals and content.
- Letter from the trainer/mentor outlining involvement and responsibility.
- Your professional resumé.
- Two letters of reference - from people who are thoroughly acquainted with your professional theatre background. These may be sent separately, but must be received by deadline.

NAMES OF REFERENCES: (including occupation/title and phone number)

1. _____ PHONE: _____

2. _____ PHONE: _____

APPLICANT:

If awarded a Professional Theatre Training Program Grant, I understand and agree to the following:

- Acceptance of this grant requires a full commitment to the training as outlined in my application. I will submit a brief interim report (if required) and a comprehensive final report as stipulated in the guidelines.
- I will ensure that Theatre Ontario is properly acknowledged in all relevant programs and published materials where my name appears and provide copies of these materials along with my final report.
- Any changes to the training program will be submitted in writing and cleared by the Program Coordinator before they are implemented.
- The training program may be subject to review by the PTTTP Committee. Should it be found unsatisfactory to such a degree that the value and purpose of the program are deemed negated, the Committee reserves the right to terminate the grant.
- The liability of Theatre Ontario is limited to the payment of the stipulated sum of money in Canadian dollars at such times and in such amounts as agreed. Save for such liability, there is and shall be no responsibility of any kind on Theatre Ontario or its employees.

I have read, understood and agree to abide by the guidelines of the Professional Theatre Training Program. I am a member of Theatre Ontario.

Signature _____ Date _____

TRAINER:

- I agree to assume responsibility for the training of this applicant as outlined in this application and the proposed schedule of training.
- I agree to assume responsibility for the acknowledgement of Theatre Ontario in all relevant programs and published material in the following manner:

“The services of [NAME OF TRAINEE] were made possible through Theatre Ontario’s Professional Theatre Training Program, funded by the Ontario Arts Council, an agency of the Government of Ontario.”

Signature _____ Date _____

Mail or deliver completed application to:

Theatre Ontario
401 Richmond Street West, Suite 350
Toronto, ON M5V 3A8
Attention: Erin Keating – PTTTP

AND email to programs@theatreontario.org

Please email submissions in a single PDF or Microsoft Word document, no larger than 10MB