

Young Voices Application Form

Are you aged 8-12? Do you enjoy coming to the theatre and watching plays? Do you enjoy acting or directing, writing plays or designing costumes? Do you want to have your say on what we do at Polka Theatre?!

The Young Voices meet throughout the year and explore what really matters to you about theatre. There will also be the chance to read scripts, watch rehearsals, take part in workshops, and come to watch the performances!

I would like to apply to be part of Young Voices:

Name	
Parent/Carer Name	
Postal Address	
Telephone Number	
Contact Email	
Date of Birth	
School Attending	
School Year	



Polka Theatre
240 The Broadway
Wimbledon
London
SW19 ISB

polkatheatre.com 020 8543 4888

Registered charity no. 256979 Company no. 938592 VAT no. 238970918







The following questions will help us to see your ideas and give us some information about what you are like and what inspires you.

You only need to answer TWO out of the three questions and then fill in the About You section.

1) Design and draw a character for a play. Consider what this character may look like, do they have any features that can be portrayed on stage? What does this character do every day? Maybe there is something special about this person?



recently. or perha	a review of a film, book or theatre production you have see What made it memorable, can you give a sense of what it los the storyline (without giving away the ending of course!) ou recommend it to?	ooked like,



Where means begins
1) Write a one page short story or short scene (a script involving dialogue and stage directions.) OR
2) Draw a 5 box comic strip or storyboard of a story with a clear beginning middle and end.
It could be inspired by something you have seen or read recently, a sequel to a book or a film you have watched, or based on some characters that you like or it could be entirely of your own making!



About You

Now that we've heard a little of your ideas we'd like you to tell us a bit about you.				
Tell us about yourself maybe including the following information; 3) What are your hobbies, what are your best subjects at school, 4) Why you think you would be a good member of YV? 5) What skills or experiences would you like to gain from being a YV member?				
6) What are your hopes and dreams for the future? OR				
You could draw or make a collage of yourself including some of the questions listed above. OR				
You could make a short film or voice recording telling us about yourself.				



Finally

Please include a written character reference from somebody who will support your interest and commitment to Young Voices. This can come from your teacher/head teacher, or family/ friend.

For Parent/Carer

I hereby give consent for my child to apply for Young Voices. I understand if their application is to be successful, my child will be attending regular sessions at Polka Theatre.

Signed Parent/Carer	
Date	

If you have any queries, please get in touch, otherwise send your completed form to:

Heidi Pointet Participation Manager Polka Theatre 240 The Broadway SW19 1SB

020 8543 4888

heidi@polkatheatre.com

Thank you for taking the time to apply for Young Voices! We will be in touch soon.



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