

stages, wa playwrights' consortium inc

Application for Development Assistance

1. Applicant:

Address:

Phone No:

Mobile No:

Email:

2. Script title/project title:

3. Year completed:

Length of Play:

No. of characters: M F

4. Please tick relevant description :

- script draft
- re-development of existing script
- commission
- self-devised project
- other, please detail

5. Has this script received any form of assessment or development support from Stages or other existing organisations? If yes, please give details.

6. Description of proposed activity:

Please provide a description of what development support you require and how you intend to use this support in the further development of your script/project. It is important to demonstrate an understanding of the status of your script/project, and to be clear about the development process that you are wishing to undertake. Please include names and confirmation of availability of people you would like to work with (Stages Director can recommend suitable personnel in consultation with you). Please provide at least one A4 page and no more than two A4 pages in response to this question. You can use the following pointers to guide you in answering this question.

- What stage of development is your script presently at?
- What development support do you need?
- Who would you like to work with?
- What outcomes do you want to achieve from the process?

7. Detailed budget (ie: how you will allocate the funds, eg: twelve hours dramaturgy at \$50/hour in four three-hour sessions. Please attach to form).

8. Is this script currently under offer, development, or option with any professional theatre company or other playwrights' development agency? If yes, please provide details. NB: This will not in any way prejudice your application for funds from Stages

9. Have you had any works produced or workshopped? If yes, please provide details of most recent productions.

Title of play	Company/Venue	Year

script lodgement conditions

- a. submit **3** copies of a completed draft
- b. present your work typed, 1.5 spaced on A4 pages with pages numbered
- c. type only on one side of the page
- d. include a cover page on each draft with the title, month, year, your name, address, phone no. (copyright remains entirely vested with the writer).
- e. include cast list, scene breakdown and synopsis
- f. do not send a stamped, addressed envelope as we are unable to return your scripts.
- g. Stages reserves the right not to accept scripts that are not presented in a suitable manner.

I hereby accept the conditions above and declare that this play is my own original work. In the event this play is produced following developmental assistance from Stages, I agree to acknowledge the support of Stages. I undertake to advise Stages immediately should a production or workshop be offered by any theatre company.

Signed _____

Date _____

It is recommended that you keep a copy of this form.

***Send this form, with payment (\$22 script lodgment fee) and your scripts to:
Stages, PO Box 492, Leederville, 6903, ph (08) 9201 1168, fax (08) 9201 1169***

OFFICE USE ONLY

Panel Member 1 _____

Panel Member 2 _____

Panel Member 3 _____

Amount granted _____