



Screenwriting for Television

A team writing approach to creating a drama series

APPLICATION FORM

Please read the guidelines carefully before submitting your application

Personal Details			
Full Name:			
Address:		Postcode:	
		Tel:	
Email:			
If you would like to join our mailing list to receive information about future Lighthouse events, courses and training opportunities, please tick this box <input type="checkbox"/>			
Data Protection Act - Your details will be held on Lighthouse's database and will be used for direct mailing purposes. Your details will only be used by Lighthouse although from time to time we may forward relevant information to you which we have received from third parties. HOWEVER UNDER NO CIRCUMSTANCES WILL WE PASS YOUR INFORMATION ON TO ANY THIRD PARTIES.			

Please ensure that you have emailed and sent by post one hard copy of the following:

- A one-page outline of your series idea
- Your 20-page screenwriting sample
- Your full CV
- A completed application form
- A Diversity Monitoring Form

If you qualify for the Skillset subsidised fee, please also enclose one hard copy of each of the following:

- Supporting documentation to show your previous writing experience
- Evidence to show that you are actively seeking a commission
- Evidence of your freelance status

Completed applications should be emailed to **emma@lighthouse.org.uk** and sent by post to TV DRAMA 5, LIGHTHOUSE, 28 KENSINGTON STREET, BRIGHTON BN1 4AJ

APPLICATION DEADLINE: 1pm 9th September 2008.

FAXED APPLICATIONS WILL NOT BE ACCEPTED

DECLARATION: I confirm that I have read the guidelines and understand the requirements of the course. I also confirm that the information given on this application is accurate, and I undertake to inform Lighthouse of any changes affecting this application as soon as possible.

Signature.....Date.....

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DIVERSITY MONITORING FORM

Lighthouse operates an Equality and Diversity Policy. The information provided on this form will be treated as strictly confidential and will be used for statistical monitoring purposes only. This form will be separated from your application as soon as we receive it and will form no part of the selection procedure.

Please tell us your name as it appears on your Application Form:

How did you find out about this course?

Please indicate whether you are Male or Female

MALE

FEMALE

Ethnic Origin

Please indicate below which most closely fits your ethnic origin:

(This checklist contains the standard ethnic monitoring categories provided by the Commission for Racial Equality and were in the 2001 Census.)

Asian or British Asian:

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or British Black:

- Caribbean
- African
- Any other Black background

Mixed:

- White and Black Caribbean
- White and Black African
- Any other Mixed background

White:

- British
- Irish
- Any other White background

Chinese or other ethnic group:

- Chinese
- Any other

Do you consider yourself to have a disability under the Disability Discrimination Act:

(Defined as a 'physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities.')

Yes / No (please indicate as applicable)

If yes, please give details:

Signed:

Date: