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| --- |
| Please select your primary theatre specialty. |
| Please select your secondary theatre specialty. |
| Please select your third theatre specialty. |
| Are you a member of Theatre Nova Scotia (TNS)? |
| Please describe your education and training in your discipline. |
| How many years of professional experience do you have? |
| Please describe your professional experience in your discipline. |
| Do you have experience working with children with special needs? |
| Please describe any previous teaching experience. |
| Enter the names and contact information of two references in your discipline. |
| Do you have an up to date RCMP Vulnerable Sector Check? |
| Do you have an up to date Nova Scotia Child Abuse Register Check? |
| Do you have a valid driver's licence? |
| Do you have regular access to a vehicle? |
| Are you willing to travel outside of your municipality to participating schools? |

Bio for website: max 250 words in English and/or French (both max 500 total)

Please note any scheduling conflicts during the 2014-15 school year.

Additional Notes:

**Contact Information**

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Cell Phone:

Email Address: