ABBEY THEATRE
AMHARCLANN NA MAINISTREACH

Abbey Theatre Work Experience Programme 2025/2026

Application Form

Name

Contact Number

School

School Address

Are you available?
Week 8th-12th December 2025? **Yes** ☐ **No** ☐

Are you available on
Friday 5th December 2025? **Yes** ☐ **No** ☐
(To see the evening show)

1. Please tell us what you know about the Abbey? Have you ever been here?

2. Please outline why you would like to do your work experience at the Abbey Theatre?

3. What are the specific areas of theatre that you are interested in?

4. Tell us about the last show you saw – what worked and what didn't? Why?
   (This can be a play, concert, reading etc.)

Please note that if students are successful in gaining a place on the Work Experience Programme, they must be able to provide written consent from their school and also a copy of the school insurance policy covering the period of their work experience.

Signed By: (Student) _____

Signed By: (Parent) _____
(Parental Consent is required)

Please send this completed application form along with the following documents to the email TY.Programme@abbeytheatre.ie

Additional Documents:

- Basic Curriculum Vitae

Thank You.