



UNIVERSITY
of
GREENWICH

APPLICATION FORM RESIDENCY

Name(s) (Individual)			
Name group/company			
E-mail		Phone number	
Website (if applicable)			
Post address		Postcode	
Tell us a bit about your practice and experience.			
Tell us about the project you'd like to work on whilst at Bathway.			
How would you benefit from being a resident at Bathway?			
How would Bathway Theatre Network benefit from you as a resident?			

Please return the completed form to c.gallagher@gre.ac.uk