

Technical Team Questionnaire

|  |  |
| --- | --- |
| Name: |  |
| Trading Name: |  |
| Self-Employment, UTR Number: |  |
| Location (Inc. Post Code): |  |
| Mobile/Landline Number: |  |
| Email Address: |  |
| Emergency Contact Name/Number: |  |
| Current Rate of Pay (Hour/Day): |  |
| IPAF Qualification(s): |  |
| First Aid Certification & Expiry Date: |  |
| Other Relevant Qualifications: |  |
| Professional Skills – Lighting: | Strong 🞎 Good 🞎 OK 🞎 Some 🞎 Weak 🞎 None 🞎 |
| Professional Skills – Sound: | Strong 🞎 Good 🞎 OK 🞎 Some 🞎 Weak 🞎 None 🞎 |
| Professional Skills – Video/Data: | Strong 🞎 Good 🞎 OK 🞎 Some 🞎 Weak 🞎 None 🞎 |
| Professional Skills – Stagecraft: | Strong 🞎 Good 🞎 OK 🞎 Some 🞎 Weak 🞎 None 🞎 |
| Other Skills/Qualifications: |  |
| Known Periods of Unavailability: |  |
| Known Periods of Good Availability: |  |
| Any other notes: |  |
| Date Completed/Submitted: |  |

Please return completed for to [**technical@danceeast.co.uk**](mailto:technical@danceeast.co.uk)