# TLC Free Reads Scheme Application Form

Thank you for submitting this form as part of your TLC Free Reads application. This data is important for reporting and evaluation purposes, and is a stipulation of our funding agreement with Arts Council England. All demographic data shared with our funder will be anonymised. You may access TLC's Privacy Policy, so see how we handle your data, at any time.

**Name of Regional Writing Partner** * 

* = required

**Your Full Name** *

**Email Address** *

**Postal Address**

**Postcode** *

**Phone (landline or mobile)**

**What are you submitting? (please tick)**

☐ Prose (fiction/non-fiction) ☐ Poetry ☐ Short Story ☐ Script/Screenplay

**Length of Submission**

Full manuscript/extract/Scripts:

Word Count Short stories: Word count Poetry: Line count

**Financial circumstances (please tick):**

☐ Job seeker's allowance ☐ Disability benefit ☐ Income support

☐ Working tax credit ☐ Universal credit ☐ Over 60

☐ Child benefit ☐ Student ☐ Other

***Please enclose a photocopy of proof of status***

**Equality monitoring (please tick):**

**What is your gender identity?**

☐ Woman ☐ Man ☐ Non-binary

☐ Other ☐ Prefer not to say

**What is your sex?**

☐ Female ☐ Male ☐ Intersex ☐ Prefer not to say

**Is your gender identity different to your sex as registered at birth?**

☐ Yes ☐ No ☐ Prefer not to say

**Sexual Orientation:**

☐ Asexual ☐ Bisexual ☐ Gay Man ☐ Gay Woman/Lesbian

☐ Heterosexual/Straight ☐ Other ☐ Prefer not to say

**Ethnicity:**

☐ Asian or Asian British ☐ Black, Black British, Caribbean or African ☐ Mixed or multiple ethnic groups

☐ White ☐ Other ☐ Prefer not to say

**Disability:**

☐ Disabled ☐ Not disabled ☐ Prefer not to say

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**Which age group do you belong to?**

☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ Over 65 ☐ Prefer not to say

**Please tick if you would like to receive news and offers from:**

☐ The Literary Consultancy ☐ Your regional Writing Partner

I confirm that I have not received a Free Read during this past year and am not currently submitting to any other organisation. I am not contracted or in negotiations with a publisher and am not an employee of this regional writing organisation.

☐ Please tick: This is to certify that all the above information is true and that if I knowingly give false information or withhold relevant details my application will be disqualified.

**Signature** **Date**

# Information for your Reader

**Please attach an extra page to this application if you need more space for any of these sections.**

**Please attach your one to two page synopsis to your submission if you are submitting a full manuscript, an extract or a script.**

Please write a brief statement to support your application. This may include an explanation as to why you are applying for this service, whether you have attended any writing courses, if you have had any work published to date and if you have ever submitted an extract or this extract to an agent/ publisher or other reading service.

**Do you have a website / blog / online project (if relevant):**

**Who do you think will read your work? (Please specify your intended audience or genre)**

**Do you have any particular questions for your reader?**