**WHO KNOWS IRELAND BEST?**

**RTE 1 GAME SHOW - Application Form**

**Please complete and return your application form by FRIDAY 26TH AUGUST**

**One application per team. Each team will have three members.**

**The programmes will be recorded in RTE studios on Tuesday 13th, Wednesday 14th and Thursday 15th September.**

**Please do not apply if you are not available on at least one of these dates.**

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| --- | --- |
| Full Name TEAM MEMBER 1 |  |
| Age |  |
| Address |  |
| Contact Number |  |
| Email |  |
| Occupation |  |
| Have you ever appeared on television before? If yes what was the name of the show? |  |
| Do you have a disability or any health or dietary issues we may need to know about? |  |

|  |  |
| --- | --- |
| Full Name TEAM MEMBER 2  |  |
| Age |  |
| Address |  |
| Contact Number |  |
| Email |  |
| Occupation |  |
| Have you ever appeared on television before? If yes what was the name of the show? |  |
| Do you have a disability or any health or dietary issues we may need to know about? |  |

|  |  |
| --- | --- |
| Full Name TEAM MEMBER 3 |  |
| Age |  |
| Address |  |
| Contact Number |  |
| Email |  |
| Occupation |  |
| Have you ever appeared on television before? If yes what was the name of the show? |  |
| Do you have a disability or any health or dietary issues we may need to know about? |  |

|  |  |
| --- | --- |
| Do you socialise as a group outside work?If yes please give details. |  |

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| --- | --- |
| Why do you think you would make a good ‘Who Knows Ireland Best’ team? |  |

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| --- | --- |
| Have you ever pretended to be asleep so you didn’t have to talk to someone or do you know a story about someone who has? |  |
| What percentage (0-100%) of people do you think would have answered yes to that question? |  |

|  |  |
| --- | --- |
| Which of these Irish celebrities would you like to see as our new President? Michael O’Leary, Miriam O’Callaghan or Pat Shortt? |  |
| What percentage of people (0-100%) do you think would have given the same answer as you? |  |
| Why did you pick this person? |  |

|  |  |
| --- | --- |
| Please use this space to tell us anything else you would like to add |  |

*All personal information provided in this form will be treated confidentially and will not be used for any purpose other than assessing applicants to take part in the named programme.*