



The Writers' Guild of Norway  
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## SUPPORT FOR THE TRANSLATION OF DRAMA

Name:

Address:

Telephone no.:

E-mail:

This application applies to the translation of:

Written by:

To the following language:

Category of the work:    Scene     Radio     Film     TV

The work has previously been produced in Norway:     Yes     No

If yes, specify the producer and the year of production:

The application applies to the translation of:

Work after contact has been obtained with a producer:

Synopsis or the like for presentation:

Work for promotional purposes:

**Information about the institution / producer that would like to present the work.**

*Applies to application for which contact has been obtained.*

Form of presentation:  Performance  Reading  Other

**Reason for applications for translations of works for promotional purposes as well as translations for presentation:**

Translator (to be filled in if other than applicant):

Name:

Address:

Telephone no.:

E-mail:

The script is enclosed:

CV of translator works is enclosed as a separate document (compulsory):

The dramatist has given his/her permission to apply for a translation grant:

Date:

Signature (original): \_\_\_\_\_