

Keep it Fringe (Application Form)

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, be sure you read and understand the eligibility points below.

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions with regards to the eligibility criteria, please contact artists@edfringe.com.

Confirmation of Eligibility

Before applying, please ensure you are able to demonstrate the essential criteria set out below:

- Your show must be registered in the 2025 Fringe (registration will be confirmed before funds are paid, and the show must be registered before the 1st of August to be eligible - your show does not need to be registered at the point of application).
- You or the company that you represent must have a UK bank account.
- You must be a UK- based performer, or applying on behalf of a UK- based performer.
- You must be presenting live and in-person performance.
- This project (specifically the run at Fringe if part of a larger project) must not be in receipt of any Arts Council England, Arts Council NI, Arts Council of Wales or Creative Scotland funding

Are you able to confirm your eligibility for the fund in line with the above? *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

How we use your data

SmartyGrants will use your data to process your grant application in line with the SmartyGrants [privacy policy](#).

Where the Edinburgh Festival Fringe Society (EFFS) are required to process your data, this will be subject to the Data Protection Act (1998) and the General Data Protection Regulation (Regulation (EU) 2016/679) (GDPR), as detailed in the [privacy policy](#).

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Applicant organisation details

*

First Name

Last Name

This is the person we will correspond with about this grant.

Primary Contact: Mobile *

Primary Contact: Email *

Must be an email address.

This is the address we will use to correspond with you about this grant.

Primary Contact: Company / Organisation Name *

Organisation Name

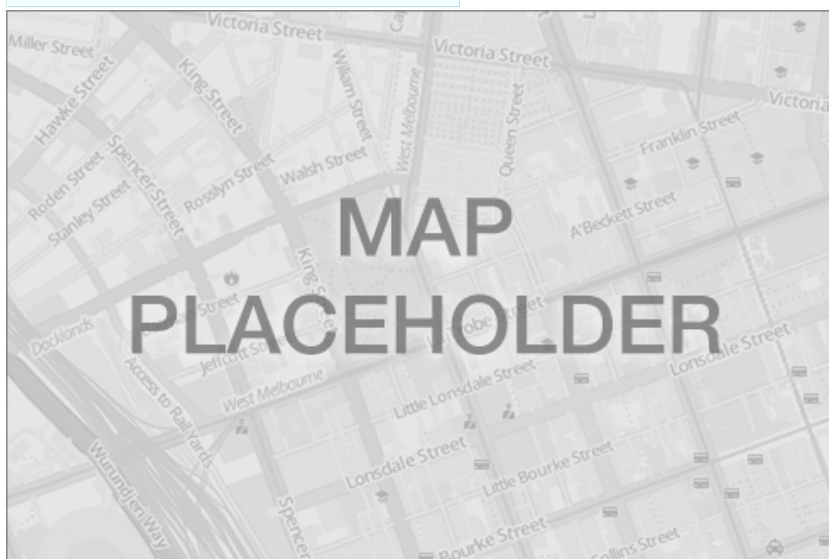
Please use your organisation's full name. If you are a solo performer, just write your full name.

Primary Contact: Position held in company / organisation

e.g. Manager, Board Member, Fundraising Coordinator

Primary Contact: Company / Organisation correspondence address *

Address



Address Line 1, Postcode, and Country are required.

Select your address from the drop-down menu.

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Project Details

* indicates a required field

Show Name *

If you looking to apply for the grant with multiple shows, please complete an application for each show.

Venue name(s)

Please leave this blank if you have not yet arranged a venue for your show. If your show is scheduled to be at multiple venues, please separate these by a comma.

Is your venue confirmed for 2025? *

☐ Yes ☐ No

Show Programme Section *

How many days will your Fringe show run for during the festival in 2025? *

Must be a number.

If you aren't sure yet, please give an estimate.

Tell us about your show and what stage you're at in your plans for Fringe 2025. *

Word count:

Must be no more than 200 words.

Give more information here about the content of your show and logistical considerations.

Tell us about your budget and how this funding will help. *

Word count:

Must be no more than 200 words.

Tell us what you hope to achieve in Fringe 2025 and your ambitions for your show. *

Word count:

Must be no more than 200 words.

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What professional ambitions and goals do you have for the show at the Fringe?

Certification and Feedback

* indicates a required field

Certification

By applying to this fund I certify and agree that;

- the statements made in this application are true.
- providing untrue or misleading information, including my eligibility for the fund, will result in my application being declined.
- I have the necessary rights and permissions to perform the proposed work, and will ensure all legal and safety standards will be adhered to.
- if I am unable to present the work during Fringe 2025, the funder reserves the right to reclaim the funds awarded.
- if successful, I will be required to accept the terms of the grant in accordance with funders' requirements, including the completion of evaluation and reporting processes.
- I've read and understood [the FAQs and fund criteria](#).

I agree that all the information I've provided in this form is correct and that I've read and understood the above certification statement. *

☐ Yes

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes eg 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Diversity Monitoring

* indicates a required field

How will we use this information?

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This information will not be shared with assessors.

If you are completing this on behalf of an organisation please tell us about you.

This information will be used to monitor the diversity of applications.

Diversity

What is your age? *

- | | |
|--------------------------------|---|
| <input type="radio"/> Under 25 | <input type="radio"/> 55 - 64 |
| <input type="radio"/> 25 - 34 | <input type="radio"/> 65+ |
| <input type="radio"/> 35 - 44 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 45 - 54 | |

Do you consider yourself to have a long-term disability or health condition that affects your ability to carry out normal, day-to-day activities? *

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Prefer not to say |
| <input type="radio"/> No | <input type="radio"/> Not known |

What best describes your gender? *

- | | |
|----------------------------------|---|
| <input type="radio"/> Woman | <input type="radio"/> Intersex |
| <input type="radio"/> Man | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Non-binary | <input type="radio"/> Prefer to self-identify |

If you prefer to self-identify your gender, please do so here: *

What is your sexual orientation? *

- | | |
|------------------------------------|---|
| <input type="radio"/> Bisexual | <input type="radio"/> Pansexual |
| <input type="radio"/> Gay | <input type="radio"/> Queer |
| <input type="radio"/> Heterosexual | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Lesbian | <input type="radio"/> Prefer to self-identify |

If you prefer to self-identify your sexual orientation, please specify here: *

Ethnicity: what best describes your ethnic group?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Categories are drawn from the UK census to allow for benchmarking and are based on national population sizes but please select the best category for you, or choose **Other ethnic group**.

Please select the option that is most suitable for you. *

- ☐ Black / African / Caribbean / Black British
- ☐ Mixed / multiple ethnic groups
- ☐ White

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- ☐ East Asian / East Asian British (including South East Asian and South East Asian British)
- ☐ South Asian / South Asian British
- ☐ Other ethnic group

Black / African / Caribbean / Black British

Please select the option that is most suitable for you. *

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

Mixed / multiple ethnic groups

Please select the option that is most suitable for you. *

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ White and Chinese
- ☐ Any other Mixed / multiple ethnic background

White

Please select the option that is most suitable for you. *

- ☐ British / English / Scottish / Northern Irish / Welsh
- ☐ Gypsy or Irish Traveller
- ☐ Irish
- ☐ Any other white background

East Asian / East Asian British (including South East Asian and South East Asian British)

Please select the option that is most suitable for you. *

- ☐ Chinese
- ☐ Any other East Asian background

South Asian / South Asian British

Please select the option that is most suitable for you. *

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Any other South Asian background

Other ethnic group

Please select the option that is most suitable for you. *

- ☐ Arab
- ☐ Any other ethnic group

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Socioeconomic background

Please think about the parent or other care-giver who was the highest income earner in your house when you were around 14 years old. What kind of work did they do? If this question does not apply to you if, for example, you were in care at the time, you can indicate this below.

What was the occupation of your main household earner when you were about aged 14? *

- ☐ Modern professional and traditional professional occupations such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer.
- ☐ Senior, middle or junior managers or administrators such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager.
- ☐ Clerical and intermediate occupations such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse.
- ☐ Technical and craft occupations such as: motor mechanic, plumber, printer, electrician, gardener, train driver.
- ☐ Routine, semi-routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter/waitress, bar staff.
- ☐ Long-term unemployed (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year).
- ☐ Small business owners who employed less than 25 people such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner.
- ☐ Other (such as retired, this question does not apply to me, I don't know).
- ☐ Prefer not to say

Which type of school did you attend for the most time between the ages of 11 and 16? *

- ☐ A state-run or state-funded school
- ☐ Independent or fee-paying school
- ☐ Independent or fee-paying school, where I received a means-tested bursary covering 90% or more of the total cost of attending throughout my time there
- ☐ Attended school outside the UK
- ☐ I don't know
- ☐ Prefer not to say

If you finished school after 1980, were you eligible for free school meals at any point during your school years? *

- ☐ Yes
- ☐ No
- ☐ Not applicable (finished school before 1980 or went to school overseas)
- ☐ I don't know
- ☐ Prefer not to say