Załącznik nr 4

**Protokół po zakończeniu Rezydencji**

Dane Instytucji Przyjmującej: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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*(pełna nazwa, adres)*

Osoba odpowiedzialna za przebieg Rezydencji: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 *(imię, nazwisko, stanowisko)*

Dane osobowe Rezydenta: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*(imię, nazwisko)*

**Przebieg Rezydencji:**

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Czy zrealizowano Plan Rezydencji Artystycznej? TAK / NIE

Jeśli NIE prosimy o wskazanie przyczyny: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_

Czy wystąpiły nieoczekiwane trudności niezależne od Rezydenta? TAK / NIE

Jeśli TAK prosimy o wskazanie ich: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_

Czy wystąpiły nieoczekiwane trudności zależne od Rezydenta? TAK / NIE

Jeśli TAK prosimy o wskazanie ich: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_

Jak Instytucja Przyjmująca ocenia przebieg Rezydencji?

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Czy planowana jest współpraca z Rezydentem w przyszłości?

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Czy Instytucja Przyjmująca rozważa możliwość stałej współpracy z Rezydentem?

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Czy Instytucja Przyjmująca weźmie jeszcze udział w Programie rezydencji artystycznych Instytutu Teatralnego?

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Opinia Osoby odpowiedzialnej za przebieg Rezydencji:

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Inne uwagi:

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**Osoba odpowiedzialna**

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 *(data, miejsce)*