



International Dance Teachers' Association

International House 76 Bennett Road Brighton BN2 5JL

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PRE-ASSOCIATE APPLICATION FORM

Capital Letters or Type Please

Name in Full (Mr,Mrs,Miss)
Please state: Mr, Mrs, Miss all first and surname

Please state your candidate PIN number (or membership number if you have a provisional membership):

Postal Address.....

Email address: Tel:

Date of Birth: Date of Exam:

Venue of Examination:

Student teaching experience (where and if in own right or as an assistant)

.....

Present qualifications (please state the Branch and Association)

.....

Please name your teacher for this examination:

Teacher's signature:

Teacher's membership number: School Name:

I have read the conditions and information above and hereby apply to be examined for

Pre-Associate in:

Please state level and branch - i.e. Freestyle, Ballroom, Latin, Classical Sequence, Ballet, Tap, Modern Jazz, Theatre Craft

Date:

Signature:

**YOUR TEACHER MUST FORWARD THIS COMPLETED APPLICATION FORM
TO HEAD OFFICE BEFORE THE EXAMINATION HAS TAKEN PLACE.**

For Office Use Only

Date of exam:	Examiner name:	Result:
Processed by:	Passed to Accounts on	