Scottish Dance Teachers' Alliance

101 Park Road, Glasgow, G4 9JE 4 Email: office@sdta.co.uk We

Tel: 0141 339 8944

Web: www.sdta.co.uk

Application for Professional Examinations

Applications must be submitted to the SDTA office, with payment, no later than 28 days before the examination date.

Title	Forename	S	urname		
Address					
		Р	ostcode		
Telephone	relephone Email				
Current M	embership Number (if applicable)	D	ate of birth		
Please tic	k Modular Asso	ciate	Member	Fellow	
Branch/Da	ance (Modular) wishing to be examined in				
State any	qualifications held in SDTA				
State qua	lifications held in any other association				
Name of 7	Teacher Teacher				
Address					
Trained by (if different)					
Give names of any SDTA members from whom you have received coaching for this examination in the past 12 months					
If applying for Membership or Fellowship, how long have you been teaching dancing?					
Proposed Date of Examination					
Place of E	xamination				
Give names and addresses of two persons (one to be a member of the dancing profession) to whom reference may be made					
Name		Name			
Address		Address			
In the event of the applicant cancelling the examination less than 28 days before the examination date, the examination fee will be forfeit, except in cases where validation of ill-health is provided.					
A £10 examiner's expenses fee is payable for professional examination sessions held outwith a grade/medal examinations session or SDTA General Examinations session.					
I hereby enclose the required fee of as payment for my Examination. (Please make cheques payable to "SDTA".)					
	to membership I shall do my utmost to furthe e-Laws and Regulations thereof.	r the interest and pro	jects of the Alliand	ce, and to conform to the	
Signature			Date		
Teachers	Only				
I, the unde	ersigned, confirm the above information is co	rrect.			
Signature			Date		
OFFICE	USE ONLY			SDTA	

Report Sent	Examiner
Amount Paid	Member No
Date of Exam	Result

