NATD

National Association of Teachers of Dancing

NATIONAL HOUSE, TURNFIELDS COURT, TURNFIELDS, THATCHAM, BERKSHIRE, RG19 4PT
TEL: 01635 - 868888 Email – exams@natd.org.uk www.natd.org.uk

APPLICATION FORM

LEVEL 3 CERTIFICATE FOR DANCE TEACHING ASSISTANT QUALIFICATION

Minimum age of 16

MEMBERSHIP RUNS FROM 1st April to 31st March

THIS FORM SHOULD BE COMPLETED AND FORWARDED TO HEAD OFFICE at exams@natd.org.uk

BLOCK CAPITALS PLEASE

NAME IN FULL (MR/MRS/MISS/MS)	(Order of of name 1st Name/Middle Names/Surname)		PIN	
Previous Name if applicable:				
ADDRESS:				
POSTCODE:		DATE OF BIRTH: Min. Age 16 years		
TEL NO: MOBILE NO:	E – MAIL:			
PLEASE C	CIRCLE QUALIFIC	ATION HELD AND GEI	NRE	
IF YOU HAVE PASSED Grade 5/Grade 6/Grade 7/Grade 8/ INTERMEDIATE FOUNDATION/ INTERMEDIATE			PRE-STUDENT/STUDENT	
			Date Taken	
GENRE				
Student membership will be If accepted, I undertake to conform to management upon any matters co	the association's rules	and conditions and to acce	pt the decisions of the council of	
Candidate signature			Date	
EXAMINATION REGISTRATION FEES TO BE PAID BY THE ENTERING TEACHER				
	This is non-r	efundable.		
DIPLOMA TOTAL	REGISTRA	ATION DEPOSIT	OFFICE USE Date of	
_		-	Payment:	
			Method:	

Membership number Examination date	Entering Teacher	
Examination date	Membership number	
	Examination date	