

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

TITLE: MR/MRS/MISS/MS)	FULL NAME:	PIN	
Previous Name if applicable:			
ADDRESS:			
POSTCODE:		DATE OF BIRTH: (Min. age 16)	
TEL NO:	EMAIL:		
PLEASE CIRCLE QUALIFICATION HELD AND GENRE			
IF YOU HAVE PASSED Grade 5/Grade 6/Grade 7/Grade 8/ INTERMEDIATE FOUNDATION/ INTERMEDIATE		PRE-STUDENT/STUDENT	
GENRE		Date Taken:	
Student membership will be reviewed at the first annual renewal date (April 1 st) after completion. If accepted, I undertake to conform to the association's rules and conditions and to accept the decisions of the council of management upon any matters concerning myself and to do my best to promote the interest of the association.			
ENTERING TEACHER:		DATE OF EXAMINATION:	
DO YOU HAVE A CURRENT DBS CHECK IF YES, PLEASE PROVIDE DETAILS OF CURRENT DBS NUMBER & EXPIRY DATE		YES	NO
DBS NUMBER	EXPIRY DATE		
IF NO, The NATD recommends that all members apply for a DBS check and would be grateful if you would visit the NATD website www.natd.org.uk for details			
Candidate signature:		Date	
PRIOR TO COMMENCEMENT OF THE COURSE The student membership fee will need to be paid in full by the entering organisation/school/college or student.			
MEMBERSHIP NUMBER:	EXAMINER:	NOTES:	