

ISTD Dance Examinations Board
Imperial House
22/26 Paul Street
London EC2A 4QE



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ISTD DANCE CENTRE APPLICATION FORM

Foundation in Dance Instruction

and

Certificate in Dance Education

Full Centre Name:	.....
Centre Address:	..... .....
Principal:	.....
Centre Contact:	.....
Contact Address: (If different to Centre)	..... .....
Position:	.....
Telephone no:	.....
Fax	.....
Email:	.....
Accountable person for Quality Assurance:	.....

SECTION A: Administrative Processes

Do you work in partnership with any other organisation? Yes No (please tick appropriate box)

If Yes, give name, address and contact details.

Which organisation is the point of accountability for examination entry, and quality assurance?

1. When do you propose to start offering these qualifications? / /

2. How many candidates would you expect to enrol on each of the two courses in the first year and by the third year?

Qualification	Year 1	Year 3
FDI		
CDE		
Total		

3. Which dance genre(s) do you wish to offer?

4. Please describe the processes you currently have in place or propose to have for;

a) Candidate Registration, including checking validity of the candidate's information

b) Safeguards against fraud, both by candidates and staff

c) Please detail arrangements for the secure storage of Assessment material, forms and candidate records

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5. I confirm that candidates' records, assessment material and portfolios will be held securely within the centre.

Signature:

6. What arrangements will be made to ensure candidates have appropriate advice, information and support on the ISTD teaching qualifications?

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7. Do you have an administrator responsible for maintaining records and information?

Yes No (please tick appropriate box)

If yes, please provide their name and contact details.

Name:

Contact Address:

Telephone no:

Mobile no:

Fax no:

Email

8. What systems do you have in place for effectively communicating information to all tutors, including those who are part-time?

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SECTION B: Health & Safety

Please supply a copy of your current Health & Safety policy.

Is a copy of this supplied to candidate? Yes No (please tick appropriate box)

SECTION C: Equal Opportunities

Please supply a copy of your current Equal Opportunities policy.

Is a copy of this supplied to candidate? Yes No (please tick appropriate box)

SECTION D: Provision for Special Needs

Are you familiar with the ISTD process for candidates with special needs?

Yes No (please tick appropriate box)

SECTION E: Complaints and Appeals procedure

Please supply a copy of your current Complaints and Appeals policies.

Is a copy of this supplied to candidates? Yes No (please tick appropriate box)

SECTION F: Physical facilities

a) How many candidates will be taught at any one time in a studio?

b) Please provide the following details, for each studio, attaching extra information if necessary:

• Type of flooring:

• Form of heating:

• Form of ventilation:

• Size of studio, in sq feet and an indication of shape:

• Changing Facilities available for males and females: Male Female (please tick appropriate box)

• Is there any access to a suitable area for completing written assignments?

Yes No (please tick appropriate box)

• Please describe the area;

• Is there computer access for candidates? Yes No (please tick appropriate box)

• How many computers are available?

SECTION G: Provisions of other assessment requirements (e.g. accompanist, music facilities)

Please describe the provision you have in place, according to the dance type;

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Do you have backup facilities in case of faulty equipment?

Yes No (please tick appropriate box)

SECTION H: Tutor qualifications

a) Please list all proposed Approved Tutors including their highest genre specific qualification and the units they will be delivering. Please include an ISTD registration form and CV for each tutor;

Name	Qualifications	Units to be delivered

b) Please indicate the proposed ratio of candidates to tutors in each class;

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SECTION I: Assessment

a) All tutors have to attend ISTD Module 1 Training. Once completed, please indicate how you will ensure standardisation of their assessments within your Centre, including any further guidance or supervision?

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b) How often will you hold Assessor meetings?

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SECTION J: Teaching Practice

Will all of your candidates undertake the observation and teaching practice at your school?

Yes No (please tick appropriate box)

If no, please list all schools at which they will undertake this practice, including the name of the principal, ISTD teacher if appropriate, and address. Has a member of the Centre staff checked them as being appropriate for the qualifications? (please complete on a separate sheet if necessary)

School		
Principal		
ISTD Teacher		
Address		
Tel no.		
Checked?		
School		
Principal		
ISTD Teacher		
Address		
Tel no.		
Checked?		

SECTION K: Other agency's inspection reports, if available.

Please supply the names and dates of any other agency inspections;

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SECTION L: Insurance

Please supply a copy of your current Public Liability Insurance certificate.

DECLARATION

I certify that the details given above are, to the best of my knowledge, complete and correct.

I agree to provide the ISTD and the qualifications regulators access to premises, people and records, and to co-operate with the awarding organisation's monitoring activities.

Signature:

Print Name:

Date: / /

Please send the completed form with all relevant documentation to:

**Education and Training Department
ISTD Dance Examinations Board
Imperial House
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