

**Candidate Details (mandatory)**

Membership no. (if applicable)\*.....

PIN .....

Date of birth .....

\* Examination applicants, who are already members of ISTD, should ensure that their subscription is current. Please contact **membership@istd.org** if necessary.

Title: .....

Forename(s): .....

Surname: .....

Address: .....

.....

.....

Postcode: ..... Country: .....

Email address: .....

Tel No.: .....

**Teacher details, i.e. 'Teacher 1' (mandatory)**

Membership no.: .....

Title: .....

Forename(s): .....

Surname: .....

Address: .....

.....

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Postcode: ..... Country: .....

Email address: .....

Tel No.: .....

**Examination Details (mandatory)**

Faculty: .....

If Alternative Rhythms (AR), which style of salsa will you be specialising in?

- LA /  NY /  Cuban

**Level**

- Dancesport Module

Module name and/or number: .....

- UK Dancesport Associate  
 International Dancesport Associate  
 International Theatre Associate  
 International Theatre Associate Diploma

Session Reference: .....

Session Date: .....

Centre / Venue (if applicable): .....

Term required (UK only):  Spring /  Summer /  Autumn

**Correspondence (mandatory)**

To whom should the following be sent? (please tick all as appropriate - any of the following correspondence may be withheld if any are not)

Candidate Teacher 1

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Report sheet (by post)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Qualification Certificate (by post)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Information regarding membership (if successful) (by email/post) | <input type="checkbox"/> | <input type="checkbox"/> |
| Information regarding graduation (if successful) (by email)      | <input type="checkbox"/> | <input type="checkbox"/> |

By whom were you trained in the past 5-10 years?

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Who has coached you during the last 6 months?

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**Previous examination(s) in the Faculty you are applying for**

Examination	Date	Examiner	Mark and/or Result
<b>(a) Associate applicants only: for Theatre Associate, please enclose a copy of your Intermediate certificate</b>			
Intermediate Foundation			
Intermediate			
Advanced 1			
Advanced 2			
Associate (if previously unsuccessful)			
<b>(b) Associate Diploma applicants only: Please enclose a copy of your Associate certificate</b>			
Associate			
Associate Diploma (if previously unsuccessful)			

**Teaching experience in the Faculty you are applying for** (use additional sheets if necessary)

Previous Position e.g. Principal, Assistant (Head/Senior)	School & District	Number of Years	Full/Part time





**Candidate and Examination Details (mandatory)**

Forename(s): .....  
Surname: .....  
PIN: .....

**Examination Details (mandatory)**

Faculty: .....  
Level: .....

**Associate Diploma applicants**

In preparation for your forthcoming examination, we require that you complete the next table. As you know, you are required to bring a number of students into the room during your examination and we must know the names of these students in advance. (Please refer to the professional syllabus guidelines for the exact number of students required). The students you bring into the room must have knowledge of the exam level you wish to specialise in. They can be learning the work ready to take the examination themselves or have taken the exam already and be learning the next level. They **cannot have taken** any higher examination.

You will only be able to bring students into the room that are listed in the next table so please do check with the students and their parents before completing this form. We are aware that changes can happen so to cover all eventualities, please supply us with the names of 6 to 8 students. Once the exam date has been confirmed you will need to check that these students are available on the required date.

**What class level will you specialise in?**

- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Intermediate Foundation
- Intermediate

	Student Name	Student PIN
1		
2		
3		
4		
5		
6		
7		
8		

**A copy of this page will be given to the examiner**

**Declaration (mandatory)**

I, the candidate certify that:

- the particulars on this form are correct
- the conditions and requirements published in the syllabus of this examination has been/will be abided by
- after completing this form, I am not to receive instruction from any person other than the teacher listed above, and/or the examiner.

Candidate signature: .....

Date : .....

Teacher signature: .....

Date: .....

For **UK applications**, please return this completed form to  
**ukdanceteachers@istd.org**

For **International applications**, please return this completed form to the  
appropriate International Examinations Officer

The Society will process your personal information in accordance with our  
privacy policy, which can be found in full on our website **www.istd.org**