

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:
.....
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:

Licentiate

Fellowship

Licentiate Viennese Waltz

Fellowship Viennese Waltz

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)

Qualification Certificate (by post)

Information regarding membership (if successful) (by email/post)

Information regarding graduation (if successful) (by email)

Fellowship applications

It is not possible for you to specify preferred dates for ‘London Centre’ examinations. However, if applicable, please state dates below which are impossible for you to attend (we will assume that all other dates within the advertised period are possible)

.....

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

.....

Who has coached you during the last 6 months?

.....

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

Examination	Date	Examiner	Mark and/or Result
(a) Licentiate applicants only: Please enclose a copy of your Advanced 1 and DDE/Associate Diploma certificate			
Associate			
Associate Diploma			
Diploma in Dance Education (DDE)			
Licentiate (if previously unsuccessful)			
(b) Fellowship applicants only: Please enclose a copy of your Advanced 2 and Licentiate certificate			
Licentiate			
Fellowship (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:

Licentiate applicants

In preparation for your forthcoming examination, we require that you complete the next table. As you know, you are required to bring minimum of 4 and a maximum of 8 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 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 5 Intermediate
- Grade 6 Advanced 1
- Intermediate Foundation

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

A copy of this page will be given to the examiner

Fee Details – UK only (please refer to ISTD website for information)	
Entry fee enclosed (£)	
Centre supplement (if applicable) (£)	
Total Fee Paid (£)	

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**