



International House, 76 Bennett Road, Brighton, BN2 5JL  
Tel: 01273 685652 Fax: 01273 674388

INTERNATIONAL DANCE TEACHERS' ASSOCIATION

**BALLROOM STUDENT**  
Capital Letters or Type Please

Name in Full.....

Please state: Mr, Mrs, Miss all first and surname

Postal Address.....

..... Tel:.....

Venue of Examination..... Date of Exam.....

Age if under 21 years.....

Student teaching experience (where and if in own right or as an assistant.....

.....

Present qualifications (please state the Branch and Association).....

.....

Please name your coach or trainer for this examination.....

Teachers signature.....

I have read the conditions and information above and hereby apply to be examined for

Student .....

Please state branch - Ballroom, Latin, Classical Sequence, Freestyle

Date.....

Signature.....

**TEACHER TO FORWARD THIS COMPLETED APPLICATION FORM WITH YOUR TIMETABLE  
TO THE EXAMINER, WHO WILL RETURN THE FORM TO HEAD OFFICE AFTER THE  
EXAMINATION HAS TAKEN PLACE.**