



# INTERNATIONAL DANCE TEACHERS' ASSOCIATION Limited

(by Guarantee)

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## PROFESSIONAL APPLICATION FORM (BOTH SECTIONS MUST BE COMPLETED IN FULL)

### SECTION 1 THIS SECTION MUST ONLY CONTAIN THE CANDIDATES DETAILS

Candidates Name in Full: (Mr,Mrs,Miss).....

Candidates Postal Address: .....  
(Examinations will not take place if candidates own personal address is not on application form)

.....

Post Code: .....Country: .....

Tel No: .....E-mail: .....

If you are already an IDTA member please insert your Membership No:.....

Date of Examination: ..... Date of Birth.....

Venue of Examination : .....

Previous IDTA Qualifications / Modules: .....  
If appropriate please list all the Examiners from your previous Module Examinations:-

**IF THIS IS YOUR FIRST IDTA PROFESSIONAL EXAMINATION, PLEASE ATTACH TO THIS FORM THE NAMES AND ADDRESSES OF TWO REFEREES.**

**DECLARATION:** I apply to be examined for:-

Grade: ..... Style: .....  
(Insert Associate, Licentiate, Fellow, (Insert: Anatomy Ballroom, Latin, Classical Sequence, Freestyle,  
Diploma or Module) Dance Ex, Ballet, Theatre Craft, Tap, Modern Jazz, Gymnastic  
Dance, Line Dancing, Cheerleading, Rock 'n' Roll, Street Dance, **Other**)

Theatre Only: Date and Result of Pre Associate One   
Pre Associate Two   
Anatomy Diploma

Date: .....Signature: .....

**DO YOU WISH THIS EXAMINATION TO BE PUBLISHED IN THE IDTA DANCE INTERNATIONAL MAGAZINE Y / N**

### THE EXAMINATION FEE MUST ACCOMPANY THIS FORM

Do you wish a copy of the report form to be sent to your teacher:- Yes..... No.....

### SECTION 2 TEACHER INFORMATION

Teacher Membership Number: ..... Teacher E-mail address:.....

Teacher Name in Full: .....