

Diploma in Dance Teaching and Learning (DDTAL) for Children & Young People (CYP)

APPLICATION FORM 2015/16

Please complete each section of the application form and return it with your current CV outlining your dance teaching experience. Please then post or email your application to Swindon Dance (see page 5 for contact details).

1. PERSONAL DETAILS

Surname	
First Name(s)	
Address	
Postcode	
Telephone	(Home) (Work) (Mobile)
Email	

2. PERSONAL STATEMENT

Please tell us why you wish to take this qualification and how you hope the DDTAL course will support your professional development (continue on a separate sheet if needed)

Please give details of your experience in movement, dance or related fields that is relevant to the DDTAL course. Please enclose/ attach your CV with details of your dance and teaching experience.

3. EDUCATIONAL & VOCATIONAL BACKGROUND

Please give details of any qualifications you have undertaken, or are currently undertaking.

Place/ Year	Exam level e.g. (GCSE/ BTEC/ AS/A2 Level/ University	Qualifications/ Subject	Grade/ Mark

4. REFERENCES

Please provide the name and contact details of one referee who knows you and can comment on your teaching ability.

Name: Current Occupation: Address:

Telephone:

Email:

Relationship:

5. Please tell us how you intend to fund your studies. If applicable, please give details of the source of your funding.

How did you hear about the DDTAL qualification at Swindon Dance?

6. INDIVIDUAL NEEDS

Do you need any of the following needs? (Please tick)

Visual or hearing impairment Dyslexia/ Other learning difficulty English as a foreign language

Are you a wheelchair user? Yes 🗖

Is there a need not listed here you would like us to be aware of? If so please give details in the space below.

No 🗖

If you have answered yes to any of the questions or think that your progress on the course will be affected by any of the above needs, we can try to offer study and assessment facilities which meet your needs (not used for selection process). Please use the space below to outline your specific needs and what we could do to enable you to get the most out of this course.

7. CONFIRMATION

I confirm that to the best of my knowledge all the information given on the form is correct.

Signature..... Date.....

Print Name

8. APPLICATION SUBMISSION DETAILS

Please return your completed application form to this email address below along with your CV: <u>katie.ballard@swindondance.org.uk</u>

If you require help or further information please contact us at: <u>katie.ballard@swindondance.org.uk</u> / 01793 601707 or visit <u>www.swindondance.org.uk</u>

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The DDTAL (CYP) is an initiative of DTAP and led by Youth Dance England Neither DTAP nor Youth Dance England exercises jurisdiction or regulation over any organisation's who provide training towards the DDTAL qualification

Equal Opportunity Monitoring Form

The completion of this form is voluntary, but the information it contains helps us to monitor and improve our equal opportunities policies and procedures.

1. Full Name:		
2. Course Applied		
3. Where did you see this course adve	ertised?	
4. Date of Birth	5. Marital Status	
5. Gender: Male / Female (Delete as appropriate)	6. Nationality:	

7. I belong to the following ethnic grouping: (tick as appropriate)

A: White	D: Black or Black British:	
A1: British	D1: Caribbean	
A2: Irish	D2: African	
A3: Any other white background (please specify)	D3: Any other black background (please specify)	
B Of mixed race:	E: Asian or Asian British:	
B1: White & Black Caribbean	E1: Indian	
B2: White & Black African	E2: Pakistani	
B3: White & Asian	E3: Bangladeshi	
B4: Any other mixed background (please specify)	E4: Any other Asian background (please specify)	
C: Chinese:	F: Any other ethnic group (please specify)	

8. Do you consider yourself to have a disability?

Yes / No

I understand that this information may be stored and processed as part of the Swindon Dance monitoring of equal opportunities and I give my consent to my details to be used for this purpose.

Signed:

Date: