

## **The Teacher's Certificate**

### **APPLICATION FOR ENTRY TO TRAINING COURSE**

Branch \_\_\_\_\_ Date of Joining Society \_\_\_\_\_

Current Membership Number \_\_\_\_\_

Full Name (Mr/Mrs/Miss) \_\_\_\_\_ Age \_\_\_\_\_  
Delete as necessary

Address \_\_\_\_\_

Date and Place of passing Preliminary Test \_\_\_\_\_

If under maiden name please give details \_\_\_\_\_

Society Classes attended since passing Preliminary Test \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give full details of Scottish Country Dance teaching experience since -passing Preliminary Test, indicating number of hours teaching and type of classes conducted \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of person providing confidential statement (see Syllabus): -

\_\_\_\_\_  
\_\_\_\_\_

(it is the candidate's responsibility to ensure that the person concerned has forwarded the report DIRECTLY to the course organiser).

If re-sit give details of previous attempts: -

Dates (1) \_\_\_\_\_ Place (1) \_\_\_\_\_

(2) \_\_\_\_\_ (2) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_