

**INTERNATIONAL DANCE TEACHERS' ASSOCIATION**

Limited by Guarantee

International House 76 Bennett Road Brighton BN2 5JL

Tel 44 (0)1273 685652 Fax: 44 (0)1273 674388

Email: [info@idta.co.uk](mailto:info@idta.co.uk)**BALLROOM BRANCH  
PRE-ASSOCIATE APPLICATION FORM**  
Capital Letters or Type Please

Name in Full.....

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

If you are a Provisional member or a Member of the IDTA please state you membership number .....

Postal Address.....

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

Email ..... Age if under 21 years .....

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

.....  
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.....

Teacher's signature.....

Teacher's membership number..... School Name.....

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

Pre-Associate .....

Please state level - Pre-Associate 1 or 2 and branch Ballroom, Latin, Classical Sequence or Freestyle

Once the examinations date has been set, professional examination fees are non-refundable when cancelled within two weeks of the examination date, unless a doctor's certificate is provided.

Once the examinations date has been set, a cancellation fee will be charged at 50% of the current examinations fee, if the examination is cancelled four weeks prior to the examination date, unless a doctor's certificate is provided.

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

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

For Office Use Only

Date of exam:	Examiner name:	Result:
Processed by:	Passed to Accounts on	