

DanceAbility Teacher Certification 2010 Application Form

First/Last Name :

Sex :

Date of Birth : Place of Birth:.....

Nationality :

Street /Nr. :

Postal Code : City :

Country :

Phone : Fax :

E-mail :

FURTHER INFORMATION TO YOUR PERSON

Please mark with a cross:

I have experience in dancing

I have a disability, if yes, what kind of.....

I use a wheelchair

I need a wheelchair accesible accommodation*

I need transport

I'm mobile on my own (car, public transport,...)

I bring assistance/s with me, if yes, how many....., names:

.....

ATTACHMENTS to this form:

curriculum vitae

- recent photo

By signing this form you apply for **DanceAbility Teacher Certification 2010** and confirm the correctness of your data. With your signature you also give your consent to a further electronic processing of the data and information you provided for an exchange of information. Deadline for application: **June 5, 2010**

.....

date

.....

signature