

# CANADA'S NATIONAL ACADEMY OF DANCE EDUCATION

Professional Dance Teacher Certification Program Application



APPLICANT INFORMATION															
Last Name			First			M.I.		DOB DMY							
Street Address						Apartment/Unit #									
City				Prov.				PC							
Phone				E-mail Address											
Are you a Canadian citizen?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you hold a OSS Diploma?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you applied for the PDTCP before?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If not, incl. date of Grad.							
Are you currently employed or a student?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you require any special acc. in order to attend the the audition?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
EDUCATION															
High School				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College/Universi				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Post-Grad				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other				Address											
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three professional references.</i>															
Full Name				Relationship											
Company				Phone											
Address															
Full Name				Relationship											
Company				Phone											
Address															
Full Name				Relationship											
Company				Phone											
Address															

**SKILLS/TRAINING/CERTIFICATION**

CERT.					Organization			
From		To		Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	
CERT.					Organization			
From		To		Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	
CERT.					Organization			
From		To		Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	
CERT.					Organization			
From		To		Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	

**PREVIOUS EMPLOYMENT**

Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Phone			
Address				Supervisor			
Job Title							
Responsibilities							
From		To					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	

### DANCE EDUCATION

Style				Studio			
From		To		Exam Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Level
Style				Studio			
From		To		Exam Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Level
Style				Studio			
From		To		Exam Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Level
Style				Studio			
From		To		Exam Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Level
Style				Studio			
From		To		Exam Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Level

### VOLUNTEER EXPERIENCE

Organization	From	To
Position		
Duties/Responsibilities		

Organization	From	To
Position		
Duties/Responsibilities		

### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge and that I will be 18 years of age by September 11<sup>th</sup> 2017.*

*If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release from the program, where in which no refund or reimbursement of fees will be issued.*

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

**APPLICATION CHECKLIST – Please email completed applications to [info@cnadedu.com](mailto:info@cnadedu.com) no later than April 30<sup>th</sup>, 2017. We are thankful for all those that apply, however, only successful applicants will be contacted and invited to stage 2 of the audition process on Sunday, May 14<sup>th</sup>, 2017.**

	Completed Application Form includes 3 references
	Resume and Cover Letter
	Photocopy of most recent Report Card
	Copies of most recent Exam Certifications.
	Scholarship Application (optional)