

CANADA'S NATIONAL ACADEMY OF DANCE EDUCATION

Online Dance Teacher Training 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 Secondary School Diploma?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied for the ODTP 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 complete the program?			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
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 the course start date.

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 admin@danceeducationcanada.com We are thankful for all those that apply, however, only successful applicants will be contacted.

	Completed Application Form includes 3 references
	Resume and Cover Letter
	Copies of most recent Dance Exam Certifications
	500 Word Statement of Interest – Please let us know why you feel you are a good candidate for this program?