



NEW/REFORMED SCHOOLS / CLUBS APPLICATION FORM

Please complete All Sections (BLOCK CAPITALS OR TYPE PLEASE)

I/we wish my/our school/club details listed below to be considered for registration with the All Ireland Dance Federation (AIDF). I/we agree to abide by the rules, regulations & standards of the AIDF

School Name: _____

Contact Name: _____

Contact Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Number of Students: _____ **Student Age Range:** _____

Principal Dance Teacher/Instructors Name (BLOCK LETTERS PLEASE)	Principal Teacher / Instructors Status (Please tick)			
	Qualified Teacher	<input type="checkbox"/>	Student Teacher	<input type="checkbox"/>
	Unqualified Trainer	<input type="checkbox"/>	Club Leader	<input type="checkbox"/>

Qualification Grade (Please tick)	Qualifying Organisation (Please tick)
Fellow <input type="checkbox"/> Member <input type="checkbox"/> Associate <input type="checkbox"/>	AIDF <input type="checkbox"/> UKA <input type="checkbox"/> Other <input type="checkbox"/> If other state _____

Name of Insurance Company (Not Broker)	Type of Insurance	Amount of Cover €	Dates of Cover	
			From	To
_____	_____	_____	_____	_____
Policy Number: _____				

Signed: _____
(Should be signed by the Principal Dance Teacher/s or Leader in Charge)

Position Held: _____ **Date:** _____

NOTE: Applications must be accompanied by a Certificate of Character from An Garda Síochána

We the undersigned current professional teacher members of the AIDF agree to propose and second the above application for consideration by the AIDF

Proposed by: _____ **Signed:** _____ **Date:** _____
Name in BLOCK LETTERS Signature

Seconded by: _____ **Signed:** _____ **Date:** _____
Name in BLOCK LETTERS Signature

Applications will be subject to Formal Acceptance by the NEC.

Official Use Only:
The above Application was Passed/Denied by the NEC Passed Denied
Date: _____ **Signed** _____ **Chairperson**