



FEDANSA NATIONAL

FEDERATION OF DANCESPORT SOUTH AFRICA

APPLICATION FOR TRAINER / COACH ASSESSMENT.

(PLEASE PRINT CLEARLY IN BLOCK LETTERS)

Name of Applicant: I.D. No:

Residential Address:

Postal Code: PAB:

E-Mail: Contact No:

Category To Be Assessed In: [Ballroom] [Latin American] [Other]:

Level of Assessment: [Student Teacher] [Associate] [Licentiate] [Fellow]

If **Other** please state category:

Present Dancesport Status:

Any Previous Dancesport Assessment:

Any Previous Coaching Skills Assessment:

I the undersigned hereby declare that the above mentioned to be true and correct. I fully understand and accept the conditions in the "Policy of Procedure and Conditions for Coach/Trainers" and the "Code of Conduct for Coaches"

Signed at:.....this day.....of.....Month 20.....

Signature: Witness:

For Office Use Only

Remarks:
.....
.....
.....
.....

Signature: (National Technical Advisory)

Print Name and Status: