



AMATEUR STUDENT INSTRUCTOR (ASI) REQUEST FORM

NAME: _____

ADDRESS: _____

_____ POSTCODE _____

CONTACT NUMBER: _____

DOB: _____ EMAIL: _____

PROFESSIONAL MENTOR NAME: _____

SCHOOL: _____

ADDRESS: _____

_____ POSTCODE _____

QUALIFICATIONS HELD: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

SIGNED: _____

I WISH TO COMPLETE THE ASSOCIATED BOARD OF DANCE ASI ASSESSMENT AT THE COST OF £75 AND ADHERE FULLY TO ITS PROCEDURES. I ATTACH COPIES OF MY CURRENT ENHANCED DBS AND FIRST AID CERTIFICATE.

SIGNED

COMMENCEMENT OF STUDY DATE

I have read and acknowledge the ASI Information Sheet

ASSOCIATED BOARD OF DANCE LTD (by guarantee)
A NON PROFIT MAKING ORGANISATION
COMPANY NO: 8328577

REGISTERED OFFICE: UNIT 212, JUBILEE CENTRE, 130 PERSHORE STREET, BIRMINGHAM. B5 6ND
Tel: 0121 288 4166 | E-mail: admin@abd.dance | Skype: abdltd | www.abd.dance