 ASSOCIATION OF RUSSIAN BALLET & THEATRE ARTS

(non-profit making organisation)

Patrons:  Mikhail  Messerer,  Olga  Sebadoch,  Svetlana  Adyrkhaeva, ElenaGlurjidze

Centre Approval Application Form

**CENTRE DETAILS**

Name of Centre:

Address of Main Centre:

Satellite Centre 1 Address (including post code):

Satellite Centre 2 Address (including post code):

Satellite Centre 3 Address (including post code):

Satellite Centre 4 Address (including post code):

**PRINCIPALS DETAILS**

Name:

Address (including post code):

Contact Details:

Home:

Work:

Mobile:

Fax:

E-Mail:

Website:

Date of Birth:

Dance Qualifications – Please include details of Awarding Organisation and original certificates for evidence:

**TEACHERS DETAILS**

To be completed for each teacher at the centre who wishes to enter candidates for examinations

Name:

Address (including post code):

Contact Details:

Home:

Work:

Mobile:

Fax:

E-Mail:

Website:

Date of Birth:

Dance Qualifications – Please include details of Awarding Organisation and original certificates for evidence:

**TEACHERS DETAILS**

To be completed for each teacher at the centre who wishes to enter candidates for examinations

Name:

Address (including post code):

Contact Details:

Home:

Work:

Mobile:

Fax:

E-Mail:

Website:

Date of Birth:

Dance Qualifications – Please include details of Awarding Organisation and original certificates for evidence:

**STUDIO FACILITIES**

Please indicate, by ticking the appropriate boxes below that you have the appropriate resources to deliver dance qualifications (where applicable please provide details as accurately as possible).

Studio Space \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square Metres

Studio Dance Floor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Floor

Fixed Barres \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount

Portable Barres \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount

Lighting

Mirrors Covers available for examinations

Sound Equipment Specify Sound Equipment

 Pianist

Toilet and Changing Facilities

 No. of female toilets

 No. of male toilets

 No. of female changing rooms

 No. of male changing rooms

 No. of Gender neutral toilets

Copy and complete for additional studios as required.

**PROCEDURES, RECORDS AND POLICY STATEMENTS**

Please indicate, by ticking the appropriate boxes below that you have the following procedures, records and policies in place and provide evidence of these.

If these are not already in place, please indicate the date by which these will be developed.

 PRS License

 PPL License

 First Aid Kit

 First Aid Representative

 Evacuation Procedures

 Fire Drill Log/Certificate

 Accident Book

 Public Liability Insurance Certificate

 Employer Insurance Certificate

 Student Records/Registers

 Risk Assessment Procedures

 Health and Safety Policy

 Complaints Procedure

 Equal Opportunities Policy

 DBS Check for staff

 Data Protection License (if applicable)

 Child Protection Policy

 School Prospectus and rule book

**DECLARATIONS**

 Please read, tick the box and sign below:

I declare that the information given in this application is accurate.

I understand that if at any time the information proves to be false the awarding organisation reserves the right to withhold or withdraw Centre Approval.

I declare that the centre complies with all relevant law, regulatory criteria and codes of practice as updated and amended from time to time.

I hereby declare that I am authorized by the centre to supply the information given and at the date of signing, the information is true and accurate to the best of my knowledge.

Name:

Signature:

Position:

Date: