



ASSOCIATION OF RUSSIAN BALLET & THEATRE ARTS

(non-profit making organisation)

Patrons: Mikhail Messerer, Olga Sebadoch, Svetlana Adyrkhaeva, Elena Glurjidze

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).

<input style="width: 100%; height: 100%;" type="checkbox"/>	Studio Space		Square Metres
<input style="width: 100%; height: 100%;" type="checkbox"/>	Studio Dance Floor		Type of Floor
<input style="width: 100%; height: 100%;" type="checkbox"/>	Fixed Barres		Amount
<input style="width: 100%; height: 100%;" type="checkbox"/>	Portable Barres		Amount
<input style="width: 100%; height: 100%;" type="checkbox"/>	Lighting		
<input style="width: 100%; height: 100%;" type="checkbox"/>	Mirrors	<input style="width: 50px; height: 30px;" type="checkbox"/>	Covers available for examinations
<input style="width: 100%; height: 100%;" type="checkbox"/>	Sound Equipment	<input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/>	Specify Sound Equipment
<input style="width: 100%; height: 100%;" type="checkbox"/>	Toilet and Changing Facilities	<input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/> <input style="width: 50px; height: 20px;" type="checkbox"/>	Pianist 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.

<input type="checkbox"/>	PRS License
<input type="checkbox"/>	PPL License
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	First Aid Representative
<input type="checkbox"/>	Evacuation Procedures
<input type="checkbox"/>	Fire Drill Log/Certificate
<input type="checkbox"/>	Accident Book
<input type="checkbox"/>	Public Liability Insurance Certificate
<input type="checkbox"/>	Employer Insurance Certificate
<input type="checkbox"/>	Student Records/Registers
<input type="checkbox"/>	Risk Assessment Procedures
<input type="checkbox"/>	Health and Safety Policy
<input type="checkbox"/>	Complaints Procedure
<input type="checkbox"/>	Equal Opportunities Policy
<input type="checkbox"/>	DBS Check for staff
<input type="checkbox"/>	Data Protection License (if applicable)
<input type="checkbox"/>	Child Protection Policy
<input type="checkbox"/>	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: