ASSOCIATION OF RUSSIAN BALLET & THEATRE ARTS



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):

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:

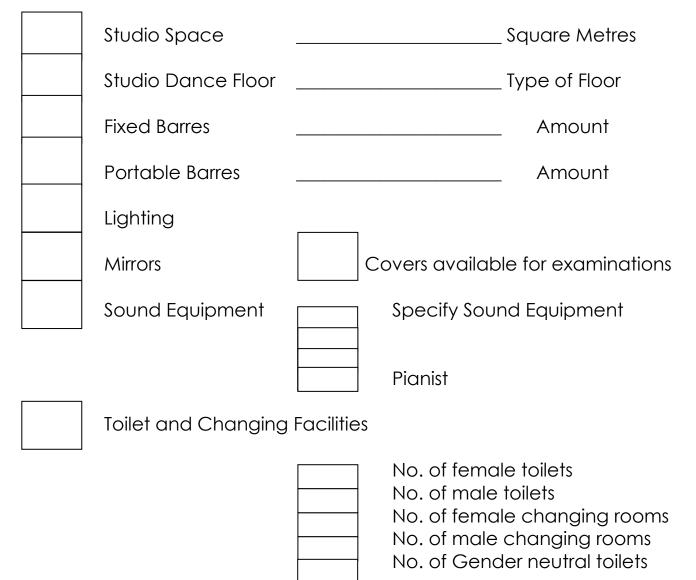
E-Mail:

Website:

## Date of Birth:

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

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).



Copy and complete for additional studios as required.

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 Please read, tick the box and sign below:

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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:	