**Core Training for Instructors Programme**

**APPLICATION FORM**

Note: All Trainees must be members of the RSCDS in order to begin the training.

Trainees should have been attending Scottish country dance classes, preferably for at least three years.

Full Name of Applicant: Mr/Mrs/Miss/Ms/other title

……………………………………………………………...

Address: …………………………………………………………………………………………………………….

Telephone: ……………………………………… Email: ……………………………………….

Are you under the age of 21 or under the age of 25 and in full time education? ☐ Yes\* ☐ No

Name of Branch………………………….………………… Membership Number: ……………….

Applicants should, if possible, speak with an RSCDS certificated teacher about the experience of teaching and their interest in becoming an Instructor.

Have you already approached a Trainer on the qualified RSCDS CTI Trainer list? ☐ Yes ☐ No

If Yes, please give

Name of Trainer ……………………………….. Trainer’s Branch …………………………….

Applicant’s Dancing Experience

1. Please give brief details of your experience of Scottish country dancing:
	1. In which groups or branch(es) did you dance over the last three years? …………………………………………....................................................................................................................................................................................................................................................
	2. What level of class(es) did you attend (beginners, general, advanced, demonstration etc) and how often? …………………………………………………………………………………………………………………………………………………………………………………………………………
2. Do you have any experience of teaching Scottish country dancing? ☐ Yes ☐No

If yes, please give brief details: …………………………………………………………………………………………………………………………………………………………………………………………………………………………

3. What are your instructor goals (please tick as many as apply):

☐ Lead an existing group

☐ Assist with an existing group

☐ Begin a new group

1. Please indicate which of the following you expect to be working with. (Please tick as many

as apply. This will help us identify the most suitable Trainer.)

☐ Children

☐ Teenagers/young adults

☐ Adults

☐ Seniors

☐ Those with disabilities (for example visually, hearing or mobility impaired)

☐ Other (please specify): …………………………………………………………………………………………………………………………………………………………………………………………………………………………

5. Any other relevant information for example, do you have teaching/ coaching experience in other areas/ leadership experience in groups such adult or youth organisations.

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When completed, please submit to the Education and Training Officer (examhelp@rscds.org) at RSCDS Office:

• This form

• The registration fee of £40 (\*discounted fee £30). On receipt of fee, you will receive the

 e-book Manual of SCD. Please contact examhelp@rscds.org or phone +44(0)131 225 3854

 to discuss available methods of payment.

For Office use:

Name of Trainer: ……………………………………… Branch: ……………………………………

Telephone: ……………………………………. Email: ……………………………………………..

\*discounted fee £30 if under the age of 21 or under the age of 25 and in full time education.