



TEACHER TRAINING PROGRAM
PROFESSIONAL DANCER PROGRAM
APPLICATION FORM 2019/2020

NAME FIRST MIDDLE LAST

DATE OF BIRTH MONTH/DAY/YEAR Age on September 1, 2019

HOME ADDRESS

POSTAL CODE/ ZIP

HOME TELEPHONE

EMAIL ADDRESS

Nationality: Canadian Landed Immigrant Other

What is your first language? English French Other

Have you trained at NBS before? Yes No

If so, when and for how long?

If not, where did you receive your training?

Are you taking class now? Yes No Where?

Do you have any teaching experience? Yes No

If so, please give details - levels of students, how may hours per week, for how long etc. on the back of this form.

Please give two references that may be contacted:

NAME TITLE PHONE #

NAME TITLE PHONE #

Please attach a copy of your curriculum vitae (if not already submitted).