

# Learner Application Form

## Contact Details

Full name	
Correspondence address	
Name and address of company/dance studio (if applicable)	
Contact telephone	
Emergency telephone <i>(if different from above)</i>	
Email	
Website (if applicable)	
Twitter/Facebook pages	

We are committed to ensuring that our training programme is tailored to your individual learning and physical needs. So that we may necessitate adjustments or additions to your training programme, please provide any information we should be aware of, including any lasting injuries:

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## Public Liability Insurance / PPL Licence

As part of the requirement for obtaining a SOSA Dance Fitness® Instructor Licence, you must hold valid Public Liability Insurance. It is imperative that you are covered by an insurance policy. If the insurance policy is through your employer, it is essential that you do not deliver tuition at any venue where you are not covered by this insurance policy.

It is also your responsibility to ensure that you are fully compliant with all the licence requirements of PPL and PRS. All music you download must be done responsibly and legally.

If you do not currently have Public Liability Insurance & PPL licence, you must have these in place by the time you start teaching our SOSA Dance Fitness® classes.

We are able to recommend insurance companies for you to talk to if you do not already have a policy in place.

## Professional Conduct & Procedures

As part of the requirement for obtaining a SOSA Dance Fitness® Instructor Licence, you must adhere to and retain on file the following documents:

- A copy of your own or a Recognised Awarding Organisations' Code of Professional Conduct
- A written Health and Safety policy
- A written Equal Opportunities policy

## Qualifications

Please include all professional teaching qualifications you hold. Please also supply a photocopy of your highest level qualification with your application. You are only required to submit a photocopy of one of your qualifications. You may bring this with you to your Training & Assessment Day if you do not have an electronic copy.

**Are you a member of CIMSPA?**      **Yes**                      **No**                      **Membership No** (if applicable).....

**Are you a member of IDTA?**      **Yes**                      **No**                      **Membership No** (if applicable).....

You will earn 10 CIMSPA CPD points for attending our Instructor Training Course!

Please also email a copy of your CV (if you have one)

Dance/Fitness teaching qualification level & subject (e.g. ETM Level 2, Associate, Licentiate, NVQ, City and Guilds, etc.)	Teaching Awarding Organisation (e.g. CYQ, IDTA, ISTD, UKA, RAD, LAMDA, etc.)	Teaching Institution (e.g. University/Dance school name)	Date qualification obtained

## Dance/Fitness/Teaching Experience

Please provide a brief history of your dance & fitness experience to date, including details of all teaching experience. Please include anything that you think is relevant to support your application

Name of Fitness/Dance/Theatre school	Dance styles/Fitness programmes learnt	Performance experience including any shows & competitions entered	No of years attended

## Declaration

.....  
Your name above

**Please read and sign the following declaration:**

- I confirm I am 16 years or over, and have the necessary qualifications/experience to meet the pre-requisites to become a SOSA Dance Fitness® Instructor.
- I understand that Instructor Licence contract is on a month-to-month basis. I can opt to cancel my membership at any time with one-months written notice. The cost is £15 per month by direct debit, or can be paid annually at a cost of £180 per year.
- I understand that have 7 days to cancel and request a full refund from the date of my initial booking when payment was made. If I cancel my attendance at a live instructor training course, I understand that I am able to postpone my attendance to another date but will not be offered a refund. Any cancellations within 7 days of the date of my training course incurs a £50 late cancellation charge. I understand that I am able to postpone my attendance to another training day once this late cancellation fee has been paid. Non-payment of this fee within 7 days of the cancellation date, will result in loss of full training payment. Our refund and cancellation policy does not affect your Statutory Rights.
- I can confirm that have appropriate policies and adhere to strict procedures in respect to health and safety, safe practice, equal opportunities and customer service. I declare that I adhere to a Recognised Awarding Organisations' Code of Professional Conduct.
- I am aware that I must hold adequate and valid Public Liability insurance & a PPL music licence at all times.

**Full Name (printed)**

**Signature**

Please re-type your name as it would appear in your signature, this will act as your virtual signature

**Date**

# Confidentiality Agreement



**Please read and sign the following Confidentiality Agreement:**

All SOSA Dance Fitness® documents you receive are for the sole use of our qualified & licenced SOSA Dance Fitness® Instructors, to aid in the delivery of a quality dance fitness experience to our clients.

This Agreement regulates the disclosure and/or non-disclosure of all confidential information. It is also called a non-disclosure agreement, due to the restrictions on disclosure that are placed on the parties to the Agreement.

SOSA Dance Fitness® (the 'Disclosing' party) and you (the 'Receiving' party) agree to protect our interests when disclosing confidential information, ensuring that all information you receive is not made public to third parties and/or used for any purposes other than as is outlined in the Agreement.

All rights reserved - No copying or distribution in part or whole should take place without authorisation. No documents are to be transmitted in any form or by any means, without the prior written permission of the copyright owners.

**Full Name (printed)**

**Signature**

Please re-type your name as it would appear in your signature, this will act as your virtual signature

**Date**