

Date of Application	
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Name	
Date of Birth	
Applicant's Postal Address	
Applicant's Post Code / Zip Code	
Country	
Nationality	
Applicant's Email Address	
Applicant's Mobile Number	

Name of School (<i>if relevant</i>)	
Position (<i>i.e. teacher, principal</i>)	
School Address (<i>if applicable</i>)	
School Post Code / Zip Code	
Country	
Number of Students	
School Email Address	
School Phone Number	
School Website	
School Instagram Handle	
School Facebook Handle	
School Twitter Handle	

Applicant's Training	
Applicant's Qualifications	
Applicant's Other Memberships (i.e. RAD, ABRSM)	
Applicant's DBS Number (UK Residents Only)	

Syllabi you intend to deliver (delete as appropriate):

Acting
 Broadway Dance
 Character Dance
 Choreography
 Classical Ballet
 Commercial Dance
 Contemporary Dance
 Hip Hop Dance
 Jazz Dance
 Lyrical Dance
 Musical Theatre
 Public Speaking
 Singing
 Special Educational Needs & Disabilities
 Tap Dance

Will you be entering students for examinations? (Delete as appropriate):

Yes
 No

Will you be entering students for our Achievement Awards (Medal Tests / Performance Based Non-Syllabus Assessments) (Delete as appropriate):

Yes
 No

Can we add you to our mailing list? (Delete as appropriate):

Yes
 No

Would you like to be added to our I-PATH Teacher WhatsApp Group? (Delete as appropriate):

Yes
 No

**Thank you for choosing I-PATH. We will process your application within 72 hours.
 Please email this form to: membership@i-path.biz**