

NATIONAL PERFORMING ARTS ALLIANCE

APPLICATION FOR POSITION OF EXAMINER

Please complete ALL sections as fully as possible.

All information given will be treated in the strictest confidence.

SECTION 1 – PERSONAL DETAILS

TITLE (MR, MRS, MISS, MS, DR)	
FIRST NAME (S)	
SURNAME	
ADDRESS	
POSTCODE	
LANDLINE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

SECTION 2 – BUSINESS DETAILS

NAME OF SCHOOL / CENTRE	
ADDRESS	
POSTCODE	
LANDLINE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

Please provide us with your up to date DBS number.

SECTION 4 – PROFESSIONAL TRAINING & EDUCATION IN RELEVANT SUBJECTS

DATES		INSTITUTION / ORGANISATION	QUALIFICATION GAINED	SUBJECT AREA OF STUDY
FROM	TO			

SECTION 5 – CONTINUING PROFESSIONAL DEVELOPMENT IN RELEVANT SUBJECT AREAS

DATES	ORGANISATION	QUALIFICATION/EXPERIENCE GAINED	SUBJECT AREA OF STUDY

SECTION 6 – TEACHING EXPERIENCE

DATES	ORGANISATION	AGES TAUGHT	SUBJECT AREA

PLEASE NOTE ANY EXPERIENCE IN TEACHING PHYSICAL/MENTAL
DISABILITES SEND STUDENTS ETC

SECTION 7 – OTHER PROFESSIONAL EXPERIENCE; PERFORMANCE; COURSE LEADER; WORKSHOP PRESENTER; ADJUDICATOR ETC

Please HIGHLIGHT which examinations
you are applying to examine for:

REGULATED GRADES

BALLET TAP JAZZ MUSICAL THEATRE ACTING

CLASS GRADES

BALLET TAP JAZZ

JUNGLE JIGGLERS PRE SCHOOL PROGRAMME

PERFORMANCE AWARDS

IT'S SHOWTIME GROUP AWARDS

These are the subjects we offer...

Please HIGHLIGHT those you are interested in examining

ACTING

ACRO / GYM

BALLET

BALLROOM (SOLO OR PARTNERED)

CHARACTER

CHEER

CLASSICAL SEQUENCE

CONTEMPORARY

FREESTYLE/DISCO

GREEK

HIGHLAND

IRISH

JAZZ

LATIN (SOLO OR PARTNERED)

LATIN SEQUENCE

LINE DANCE

LYRICAL

MODERN SEQUENCE

MUSICAL THEATRE

NATIONAL

Tell us a little bit about you. Here at NPAA we have friendly, warm and supportive approach to everything we do whilst always maintaining high professional standards and conduct. How do you think you would fit in with us?

REFERENCES

Please provide 2 referees. One should be able to comment on your professional ability to examine for us; the other on your personal qualities.

REFEREE 1

FULL NAME	
OCCUPATION/POSITION HELD	
RELATIONSHIP TO YOU	
EMAIL	
MOIBILE NUMBER	

REFEREE 2

FULL NAME	
OCCUPATION/POSITION HELD	
RELATIONSHIP TO YOU	
EMAIL	
MOIBILE NUMBER	

DECLARATION I wish to apply to become an Examiner of NPAA Ltd. I certify that the information I have given is correct at the time of writing.

SIGNED	DATE
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