

**Teachers' Insurance Scheme**

**APPLICATION FOR INSURANCE** (available only to teachers who are members of MADN)\_

Title ..... First Name(s)..... Surname .....

Address .....

..... Postcode .....

Telephone (day) ..... (eve) ..... MEMBERSHIP NO .....

Email address .....

**A) QUALIFICATION OR CERTIFICATE** If you have more than one type of relevant qualification please put the most appropriate one on this side of the form and put details of the other(s) overleaf or on a separate page.

Awarding Body .....

Title or course..... Level / grade / number .....

Duration of course (if full time give number of weeks / months/ years).....

If part time give details (e.g hours per week for how many weeks or total number of hours) .....

Year of completion.....

Or if still studying give details of how much you have completed so far.....

**B) Knowledge of Arabic Dance** List the teacher(s) with whom you have studied on a regular basis:

Name: ..... Hours / Week: ..... No. of years.....

Name: ..... Hours / Week: ..... No. of years.....

Name: ..... Hours / Week: ..... No. of years.....

Name: ..... Hours / Week: ..... No. of years.....

How many hours of occasional workshops have you attended in the last 3 years? .....

List the teachers whose workshops you have attended on an occasional basis in the past 3 years:

.....

**C) Teacher's Recommendation**

I am sufficiently well acquainted and can confirm that .....

has mastered and, in my opinion, could teach the basic moves of Arabic Dance

Teacher's name..... Signed..... Date.....

Address .....

..... Phone No's .....

**D) Teaching Experience**

If you currently teach Arabic Dance give details of how many years you have been teaching.....

How many classes per week do you teach at the moment .....

Have you any other teaching experience: Give brief details.

**E) Other relevant experience** Give details of any other courses / study days / workshops which you feel contribute to your knowledge of how to teach Arabic Dance

**F) During the past 3 years has anyone made a claim against you? YES / NO**  
If YES please give full details.

**G) Have you ever been convicted of any offence involving dishonesty of any kind? YES / NO**

**I agree to be bound by the conditions of insurance laid down by Mosaic Arabic Dance Network-UK. I enclose a cheque for £30 / £18 (6 months from May to October only) (delete as applicable) and photocopies of my qualifications**

**Signed..... Date.....**

**FOR MADN USE ONLY**

MADN membership confirmed		YES / NO	ACTION	DATE	INITIAL
Dance Experience	Recommendation	YES / NO ACCEPT	Refer to Sub Comm.		
Comments	Photocopy	YES / NO			
Teaching / Safety	Photocopy	YES / NO ACCEPT	Refer to Sub Comm.		
Comments					
Further Information Req:		YES / NO VIDEO/VISIT/OTHER(specify)			
Date received		Accept	Refer to Sub Comm.		
Comments					
DECISION	Accept / Conditional / Postponed				