



A company limited by guarantee in England No. 3149083

WDC EXAMINATION APPLICATION FORM
FOR BALLROOM AND LATIN AMERICAN BRANCH

The professional qualifications perform the functions in connection with academic and worldwide accreditation, education and training and quality assurance.

This form should be completed in block capitals and forwarded to the WDC Chief Examiner Mr. Rudolf Trautz.

Mr./Mrs./Miss	First Name (Forename)	Surname (Family Name)	Honours (Dr., Phd, etc.)
Address		I agree to my telephone, telefax, mobile numbers and Email being published. YES _____ NO _____	
		Telephone	
		Telefax	
Country	E-mail		
WDC Member Country	Website		

PLEASE COMPLETE THE DECLARATION BELOW

I wish to apply for WDC Professional Examination.

Ballroom

Latin

- Student Teacher
- Associate
- Licentiate
- Fellow
- Examiner

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- Associate
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- Fellow
- Examiner

#Student Teacher is not a professional qualification

I wish to apply for WDC Medallist tests (attach name list including levels to this application form)

I understand that all payments are non refundable. The decisions of Examiner Selection Board is final and No appeal will be entertained.

I am a member of an affiliated organisation of the World Dance Council Member Organisation of the relative country. I agree to be bound by the Rules of the WDC as amended from time to time in accordance with its Constitution.

Signed: _____ Date: _____

TO BE COMPLETED BY THE WDC MEMBER ORGANISATION

COUNTRY	MEMBER ORGANISATION OR SEAL
The above named person is entitled to apply for a WDC Professional Exam as set out above	SIGNED
Date	NAME OF PERSON SIGNING