



*The New Zealand Federal Association
of Teachers of Dancing Inc.* (Established 1931)

*Affiliated to the F.A.T.D. (Aust.) Ltd. the I.S.T.D. (London)
and Dancesport NZ (NZDA)*

Accreditation Programme Application and Mentor's Agreement

Mentor's Agreement

I agree to mentor and have read and agreed all rules and regulations regarding mentoring in both the Dancesport New Zealand documentation and the New Zealand Federal Association documentation.

I further agree to mentor for the entire duration of the accreditation process or until NZFATD receives written confirmation that this has been revoked or discontinued by either party.

Mentors Details

Christian name _____
Surname _____
Address _____
Home Phone _____ Business Phone _____
Cell Phone No _____
E-Mail Address _____

Applicant Being Mentored Agreement

I agree to being mentored and have read and agreed to all rules and regulations regarding being mentored in both the Dancesport New Zealand documentation and the New Zealand Federal Association documentation.

I further agree to be mentored for the entire duration of the accreditation process or until NZFATD receives written confirmation that this has been revoked or discontinued by either party in which case I must seek a new mentor before continuing my Accreditation.

Applicant Being Mentored Details

Christian name _____
Surname _____
Address _____
Home Phone _____ Business Phone _____
Cell Phone No _____
E-Mail Address _____

I am also applying to do the Athletes Coaching Accreditation and to become a member of NZFATD as per the conditions set down in the NZFATD Accreditation Programme.

Please select one of the following

1. Probationary Athletes Coaching Accreditation
2. Level 1 Athletes Coaching Accreditation
3. Level 2 Athletes Coaching Accreditation
4. Level 3 Athletes Coaching Accreditation

If doing level 1, 2 or 3 Please select the from the following

1. Standard/Ballroom
2. Latin American
3. New Vogue
4. Classical Sequence
5. Other Please Stipulate Style: _____

We the above agree to all terms and conditions and state that all the above information is true and accurate. Attached with this form is a payment of \$ _____ which is to cover all fees. Fees may also be paid by direct credit.

Mentors Full Name _____
Mentors Signature _____ Date _____
Applicant being Mentored Full Name _____
Applicant being Mentored Signature _____ Date _____

Bank Details for direct credit
03 0502 0158449 00
Please Quote your name as reference
Make all cheques payable to NZFATD Inc.
Payment is due within 30 days.

Detach this section and mail your Cheque to:
NZFATD Inc.
C/o Heather Cooper
C/- 129 Crawford Rd , RD1, Wairoa, TAURANGA Ph: 07 5480548

Name:
Amount: \$15.00

Form sent to:
Jackie Drakeford
11 Kandy Cres, Khandallah, Wellington