



Application for Test Certified Leader in EEP

European Callers and Teachers Association e.V. (ECTA)

Square Dance () Round Dance () Clogging () Contra ()

Name / Nachname

First Name / Vorname

Street / Straße

Country, ZIP, City / Land, PLZ, Ort

Phone (Home) / Tel. privat

E-Mail

I apply for test for ECTA Certified Leader. The test will be generated out of the actual EEP Curriculum. / Ich melde mich an für die Prüfung ECTA Certified Leader. Der Test wird aus dem aktuellen EEP Curriculum generiert.

Date request for the test / Terminwunsch für Prüfung: _____

Seminars with compulsory attendance / Seminare mit Anwesenheitspflicht

	DATE	Unterschrift/Signature Seminar Leader or signed in Qualification Booklet
Leadership		
Ethics		
Dance Activities in ECTA		
Intro in one other branch/ or graduated in (copy of diploma) SD () RD () CL () CT ()		
Only if test is taken in German / nur, wenn der Test in Deutsch abgelegt wird:		
English for leaders		

Date/Datum

Signature/Unterschrift

Mail to eep-manager@ecta.de

Date test:

Date approved:

EEP Manager: