



Application: Test ECTA Certified Teacher in EEP

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

PERSONAL INFORMATION / ANGABEN ZUR PERSON

Name / Nachname

First Name / Vorname

Street / Straße

Country, ZIP, City / Land, PLZ, Ort

Phone (Home) / Tel. privat

E-Mail

I apply for test for Certified / Anmeldung zur Prüfung: ECTA Certified Teacher

ECTA Certified Leader since/seit _____ (date/Datum)

Test at ECTA Convention:

Mentoring (see guidelines 3.2 & appendix V) Sample lesson with mentor

Topic	Date / signature
Theory of sample lesson (Preparation for demonstration lesson)	
Giving & Receiving Feedback	
Workshop	
Clubnight	
Project	

Additional test requirements (see guidelines chapter 2.3)

Visited specific leader seminar SD / RD / CL / CT	Topic	Date & signature seminar leader



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Introduction into other dance forms / diploma graduation date & signature leader

SD	CL
RD	CT
Working on regular basis/regelmässig tätig	(Appendix/Anhang)
Teaching Classes	(Appendix/Anhang)
First Aid / Erste Hilfe (min.8 hours)	(Appendix/Anhang)

ECTA is allowed to publish the ECTA Teacher name in the ECTA News/EAASDC Bulletin

ECTA darf den ECTA Teacher Namen in den ECTA News / im EAASDC Bulletin veröffentlichen

Date & Signature / Unterschrift

RETURN TO: eep-manager@ecta.de

FOR EEP USE ONLY

Practical test:

Written test:

Signature EEP-Manager Date approved