

# Registered Centre Registration Form Diploma in Dance Teaching and Learning



Please make sure your contact details are complete, accurate and legible, as this information is for contacting you/your centre in the future

Centre Name: \_\_\_\_\_

Centre Address: \_\_\_\_\_

## Main Contact Details

**Title** Mr / Mrs / Miss / Ms / Dr /other (*please specify*) \_\_\_\_\_

Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: (work): \_\_\_\_\_

(other): \_\_\_\_\_

Out of hours contact number (emergency only): \_\_\_\_\_

Email: \_\_\_\_\_

**In order to ensure that Trinity's IT systems are compatible with yours for the purpose of correspondence and candidate information please provide us with the following**

**Software** (e.g. Windows 7) \_\_\_\_\_ **Version of Word** (e.g. 2007) \_\_\_\_\_

Please tick here if you consent to your details being listed on the Trinity College London Website as a registered centre

In signing below the organisation agrees to comply with Registered Centre requirements and guidance as laid out in the Course Providers Handbook. Failing to do this may result in registered centre status being withdrawn

**Director of organisation (Signature):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_