

Evidence Admission

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Adress |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School education** |  |  |  |  |  |
|  | Period | Name school | Level |  | Nr. of cert. |
| Primary Education |  |  |  |  |  |
| Intermediate Education |  |  |  |  |  |
| Higher Education |  |  |  |  |  |
| Degree |  |  |  |  |  |
| English language skills |  | | | | |
| **Vocational training (please insert one (new) line for each vocational training)** | | | | | |
|  | Period | Institution | Studium / Bezeichnung Berufstitel | | Nr. of cert. |
| 1. profession |  |  |  | |  |
| 2. profession |  |  |  | |  |
| 3. profession |  |  |  | |  |
| **Professional practice (please insert one (new) line for each vocational training)** | | | | | |
|  | Period | Institution | Activity | Work percentage | Nr. of job ref. |
| 1. profession |  |  |  |  |  |
| 2. profession |  |  |  |  |  |
| 3. profession |  |  |  |  |  |
| **Dance and movement experience** | | | | | |
|  | Period | Institution | Style | | |
|  |  |  |  | | |
|  |  |  |  | | |
| **Therapy experience** | | | | | |
| Period | Form of therapy | | With (name and address) | | Number of hours |
|  |  | |  | |  |
|  |  | |  | |  |

|  |
| --- |
| **Comments:** |

Please leave empty

|  |  |  |
| --- | --- | --- |
|  | Date | Comments |
| Dossier |  |  |
| Online Questionnaire |  |  |
| Practical training day |  |  |
| Equivalency check |  |  |
| Recognition of foreign learning |  |  |