



Apprentice Program 2015: Notification of Interest

Date: _____ First Name(s): _____

Last Name: _____ Birthday (MM / DD / YY): _____

Address: _____ Town, Province: _____

Postal Code: _____ Email: _____

Home Telephone: _____ Cell Phone: _____

Citizenship: Canadian Permanent resident (as defined by Citizenship and Immigration Canada)

Other, please specify (and list any dual-citizenships): _____

Languages: English French Other, please specify: _____

Disability: Check this box if you identify as a person with a disability. Please specify: _____

I am (Check all that apply):

Motivated to further the development of your artistry in a professional context

Considering a career in the dance industry

Aspiring to a paid contract with SQx following completion of this Apprentice Program

Name of Current or Most Recent Training Program or Dance School: _____

Other Important Information: _____