



## Dancer/Musician Training CALL FOR APPLICATIONS

This training is part of the "**Traditional Music and Dance Preservation and Promotion in Northern Tanzania**" project funded by a grant from the European Development Fund. **30 applicants will be selected** for the training to be held **6 June-1 July** (Saturdays & Sundays free). Training expenses will be paid by CAC.

Practical and theoretical training in dance and professional skills for performers will be taught by Cultural Arts Centre staff, Alliance Franco-Tanzania staff, and other experts from Tanzania and abroad. At the conclusion of the training the trainees will receive a Certificate for 200 hours of instruction/learning time. Please note that the training will be in both English and Kiswahili.

## APPLICATION FORM:

Given name (first):	Surname (last):
Preferred name (for name tags):	Email:
1 <sup>st</sup> phone number :	2 <sup>nd</sup> phone number:
Physical location (where you are staying):	Ethnic Group (for statistics):
List Form IV results plus any certificates, diplomas, or degrees:	
How did you hear about this course?	
Are you affiliated with an organization? If yes, please name?	Organization webpage address or contact:







## **Additional Information:**

What is your previous experience with traditional dance/music from Tanzania?
[ ] no previous experience
[ ] Friend's parties, confirmations, and special events (little or no pay)
[ ] Weddings and special events (for pay)
[ ] Official participation as part of an officially registered business or NGO
What is your experience with music/music instruments?
[ ] no previous experience
[ ] self-taught, what instrument(s) do you play?
[ ] individual instruction from a teacher, what instrument?
[ ] official music workshops/courses, list them
How do you expect to use the skills that you learn from this course?
[ ] For my own personal use only
To upgrade my skills to apply for college or university music courses
To upgrade my skills in order to apply for a new job/position
To upgrade my skills in order to start my own business
Other, please specify:
Nativate very application for this training (in the case a helevy). Include why do

**Motivate your application for this training** (in the space below). Include why do you want to take this course, why you should be selected to participate, and any other relevant information.

**Please return** this application together with your medical form to: <a href="mailto:cac@makumira.ac.tz">cac@makumira.ac.tz</a> no later than 3 June 2016 by 5:00 PM. Thank you.

