

SPOTLIGHT

Spotlight Training Confirmation Form

Date:

Regarding Performer:

This is to confirm that this performer attended the following:

School:

Course:

Dates/Length of Study *(please note that the student will need to have finished continuous part-time training for 2+ years. This can be at different institutions.):*

Signed:

** By completing this form, you confirm that to the best of your knowledge the information you've provided are true and complete. You also understand that the student you have put forward is ready to join the industry at this point during their training.*

Name:

Professional Email:

Position:

School:

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