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| C:\Users\VELIBO~1.SRD\AppData\Local\Temp\Rar$DI00.708\IDO_Logo_Print.jpg  ADJUDICATORS CV  *Please send this form to IDO Adjudication Director*  [sen.vicepresident@ido-dance.com](mailto:sen.vicepresident@ido-dance.com) | |
|  |  |
| *Personal information* |  |
| Name Surname |  |
| Date of birth (dd.mm.yyyy) |  |
| Postal address, including country |  |
| Phone |  |
| Email address |  |
| IDO ID number (listed in J-DIES) |  |
|  |  |
| *Education and professional credits* |  |
| Area of expertise, including disciplines you are licensed to judge in the IDO. |  |
| Please list your education, including academic and dance training from childhood to present. |  |
| Please list your professional credits, including all performing, teaching and academic achievements. |  |
| Professional associations (member of ...) |  |
| Organizing experience |  |
| Adjudication experience |  |
| Dance experience |  |
| Special accomplishment |  |
|  |  |
| *Judging requirements and reimbursement (please delete YES or NO)* |  |
|  |  |
| Are you familiar with the IDO judging procedures and systems that are used in various IDO events? | YES NO |
| Are you aware of all rules infractions that may occur during the event that you will be adjudicating? | YES NO |
| Do you agree to follow and adjudicate according to all IDO Dance Sport Rules & Regulations? | YES NO |
| Do you agree to follow the adjudicators’ code of conduct and work ethically and honestly, following all instructions given by the Chairman of Judges at your event? | YES NO |
| Are you willing to perform your services for the fee prescribed by IDO? | YES NO |
| Do you understand our rules regarding payment of expenses? | YES NO |
| Do you understand that you will not be paid for travel days, except in case of special circumstances defined by the IDO rules? | YES NO |
| Do you speak English?  If not, are you willing to provide an interpreter at your own expense? | YES NO  YES NO |
|  |  |
| *I agree, that my personal data, these are data like given name, family name, date of birth, adress, education, membership of a national organisation, type of membership, enrollments to competitions and championships will be processed for the use of the International Dance Organisation (IDO).*  *I agree, that the collection and the application of my contact data like phone number, email-adress will be used to inform me about international competitions, championships, dance camps and dance events. This agreement can be withdrawn at any time at* [*GDPR@ido-dance.com*](mailto:GDPR@ido-dance.com)*.*  *I agree that all pictures and videos on which I will be part at the competitions and championships of the IDO, done by the officials of the IDO as well as the official photo- and video companies can be used for the public relations of the IDO.*  *I agree, that they can be printed on IDO flyers, can be used on the IDO homepage (can be seen worldwide) and used for live-stream (streamed over internet and can be seen world wide), as well as for social media (can be seen worldwide) for IDO purpose.*  *I do not connect this with any rights (f.i. fee for the pictures and videos) for commercial purpose.*  *This agreement can be withdrawn at any time at* [*GDPR@ido-dance.com*](mailto:GDPR@ido-dance.com)*. In this case all pictures will be removed from the IDO homepage as well as from IDO social media and internet as far as this is in the availability of the IDO.*  *I understand and I agree that following the Article 49(1)(a) and Article 49(1)(c) of Regulations about data protection outside EU/EEA about transferring data, personal data cannot be protected in the same way as in EU/EEA countries.*  *I hereby agree that I will not work against the International Dance Organization (IDO) and its positive image, both on national and international level.*  *I hereby agree that, if asked by the an International Dance Organization (IDO), I will return my license book, following the IDO procedures and rules.* | |
| *If you have any questions regarding the above or need further clarification please contact the IDO Adjudication Director.* | |
| Member of IDO National member organization\* |  |
| Date\* |  |
| Place\* |  |
| Signature\* |  |

\*form is not valid without filled fields and signature!