



**Heritage House
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SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING CODE OF ETHICS

In this Code “Participant” means any organisation, body, association or individual with full or associate membership of the Board; any individual who is a member of an organisation, body, or association with full or associate membership of the Board; any individual who is registered with the Board; any person directly connected to a body or individual who is registered with the Board. This includes Judges, Teachers, Organisers, Parents, Dancers & all parties connected with dancers.

General behavior

1. Participants will display honesty, fairness and equality of opportunity in all relationships in association with Highland Dancing, this includes but is not limited to social network communication (e.g.Facebook).
2. Participants will make themselves aware of the Social Media Guidance provided by SOBHD.
3. Participants will not engage in behaviour which undermines the status and esteem of Highland Dancing.
4. Participants will recognise the authority of judges and other officials and treat them with courtesy and respect.
5. Participants will treat all other participants with courtesy and respect, whether successful in competition or not.
6. Participants will not discriminate between other participants on the grounds of sex, ethnic background, religion or ability.
7. Participants will respect the competence of teachers and judges and will not engage in public criticism; nor will participants be exposed to adverse public criticism. This includes but is not limited to verbal, textual or social networking communication.
8. Participants will not compromise the integrity of any competition result by seeking to influence any judge’s decision.
9. Participants will not actively persuade dancers to change teacher nor will participants seek to influence other participant’s choice of teacher.
10. Participants are responsible to maintain trophies and return them in the same conditions as received.
11. Participants will dress appropriately and modestly when in public at competitions.

Child protection/Well-being of Dancers

All participants will seek to ensure the health & well-being of the dancer at all times. In particular, the S.O.B.H.D. recommends that the teacher will comply with the disclosure requirements as applicable in the country/countries in which they are teaching and will provide planned programmes of preparation and competition for dancers; Organisers will have a child protection policy, adhere to national child protection policy, provide a safe environment, and suitable programming of events to ensure sufficient recovery time for the dancers.

Teachers/Judges

Teachers/judges must be suitably qualified, and will have a responsibility to maintain their qualification and expertise. Teachers/judges must behave in a professional manner at all times and will not compromise dancers by advocating an unfair advantage.

Legislation

Participants who do not adhere to the above will be subject to a penalty decided by the Board.

SIGNATURE OF PARENT OR GUARDIAN OF DANCER _____ DATE _____

SIGNATURE OF DANCER (18 & over) _____ DATE _____

SCOTDANCE USA TEAM TEACHING FORM

Effective 2019

Team of Teachers for Dancer's Name: _____
Last Name First Name Middle Initial

TEACHER 2:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 3:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 4:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.

TEACHER 5:

Teacher's Examining Body & Membership Number _____

Teacher's Name _____

Address _____
Street Address City State Zip

Phone (_____) _____ E-mail address _____

Teacher's Signature _____
Must be original signature – photocopies not accepted. This signature verifies the above information is correct to the best of the teacher's knowledge.