CECCHETTI BALLET AUSTRALIA INC.

A Member of Cecchetti International – Classical Ballet

MULTIPLE APPLICATION FORM For GRADE EXAMINATIONS **(Cecchetti Method)**	Name and address of teacher making this entry to whom results will be sent: Name:…….. ……..... Address:…….…….. …….……..... Phone:…….. Postcode:……. Name of Assistant/or Coach:…… …….

1. Where a Candidate has not been at least SIX MONTHS with the entering teacher prior to examination, the previous teacher must be given the option of being acknowledged in the coach field. It is the responsibility of the entering teacher to contact the previous teacher and ask if they wish to be acknowledged.
2. This form can be used for any examination entries whether at Teachers' Studio or Centres.
3. Each form must be fully completed to show Teachers' Name and Address, and Examination Date.
4. When a large number of entries is forwarded, it is helpful if Grade 1 entries are shown on one form, Grade 2 on another, and so on.
5. Indicate with a **TICK** which students (if any) received coaching from the **ASSISTANT/COACH** noted above.

PARTICULARS OF EXAMINATION

Venue (see note 1)	Date of Examination

Notes: 1. Venue - Please insert name of town only when sending entries for "Centre" Examinations, but insert full address of Studio or Hall when entering candidates for examinations at your own school.

2. - No correspondence or discussion will be entered into in regard to this report. The examiner's decision is final.

I shall observe the conditions published in the syllabus of this examination.

Signature…… Date……..

DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

Christian Name	Surname	Age	Grade	Fee	Student Number

Please list further candidates overleaf.

DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

Christian Name	Surname	Age	Grade	Fee	Student Number

DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

Christian Name	Surname	Age	Grade	Fee	Student Number

DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

Christian Name	Surname	Age	Grade	Fee	Student Number