



CECCHETTI BALLET AUSTRALIA INC.

A Member of Cecchetti International – Classical Ballet

AUSTRALIA | NEW ZEALAND | MALAYSIA | KOREA | THAILAND | PHILIPPINES

APPLICATION FOR ENRICO CECCHETTI DIPLOMA EXAMINATIONS.

Name and address of Registered Cecchetti Teacher making this entry to whom results will be sent:

Name:

Annual Registration ID:

Address:

..... Postcode:

Phone: Email Address:

First Cecchetti Assistant/or Coach:

Annual Registration ID:

Please tick appropriate Assistant/Coach qualification:

Associate Associate Diploma Licentiate Licentiate Diploma Fellow

Second Cecchetti Assistant/or Coach:

Annual Registration ID:

Please tick appropriate Assistant/Coach qualification:

Associate Associate Diploma Licentiate Licentiate Diploma Fellow

If there is an additional Cecchetti Assistant/Coach please attach all required details on a separate page.

CANDIDATE DETAILS:

Surname	Given Name	Date of Birth
Address		
Email (only to be used by Cecchetti Ballet Australia)		

PARTICULARS OF EXAMINATION

Place (Town)	Month of Examination Session	Fee (Please make cheques/money orders payable to Teacher) \$
<i>Enrico Cecchetti Diploma FULL</i> <i>Enrico Cecchetti Diploma Part A</i> <i>Enrico Cecchetti Diploma Part B</i>		<p style="text-align: center;"><i>Taken as a</i></p> <p style="text-align: center;"><i>Dancer OR Teacher</i></p> <p>Please refer to the Cecchetti Rules for detailed explanation of Categories.</p>

No correspondence or discussion will be entered into in regard to this Cecchetti examination report. The Examiner's decision is final.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE CANDIDATE:

1. Are you enrolled as a Student Member, Associate, or above of the Organisation? **YES** **NO**

If so, quote your membership number.

2. Please state any Cecchetti Professional examinations you have attained and give dates and details.

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3. By whom were you trained for the above examinations?

4. Who has coached you during the last six months for this examination?

5. Please state details of your membership with any other dance society or association and your qualifications within these societies / associations.

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All Teachers' listed on this form **MUST** have current Cecchetti Registration. Your current Membership Card contains a 'Registration ID Number' which must be included above. Please check that your First Aid and Working with Children have not expired since receiving your Registration ID Number. If they have, it is your responsibility to ensure that this is rectified **PRIOR** to entering your students for Cecchetti examinations.

Failure to comply will result in your examination entries being returned to you unless special dispensation has been granted by your State Organiser in conjunction with the National Office.

I certify that the above particulars are correct and that I will observe the conditions and requirements published in the syllabus of this Examination and the rulings above (all listed teachers' must sign).

Signature of Candidate..... Date.....

Signature of Teacher..... Date.....

Signature of Teacher/Assistant..... Date.....

Signature of Teacher/Assistant..... Date.....

N.B. Candidates applying for examination, who are already members of the organisation **MUST** ensure that their subscription is current.