

MULTIPLE APPLICATION FORM FOR GRADE 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:

Student Associate Associate Diploma Licentiate Licentiate Diploma Fellow

Second Cecchetti Assistant/or Coach:

Annual Registration ID:

Please tick appropriate Assistant/Coach qualification:

Student Associate Associate Diploma Licentiate Licentiate Diploma Fellow

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

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 a Teacher’s Studio or Centres.
3. Each form must be fully completed to show Teacher’s Name and Address, and Examination Date.
4. 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.
5. 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.
6. 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 Cecchetti report. The examiner's decision is final.

I shall observe the conditions published in the syllabus of this examination and the rulings above (all listed teachers must sign).

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

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

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

DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

| Christian Name | Surname | Age | Grade | Fee |
|-----------------------|----------------|------------|--------------|------------|
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DETAILS OF CANDIDATES

(PLEASE USE BLOCK LETTERS)

| Christian Name | Surname | Age | Grade | Fee |
|----------------|---------|-----|-------|-----|
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