



CECCHETTI BALLET AUSTRALIA INC.

A Member of Cecchetti International – Classical Ballet
AUSTRALIA | NEW ZEALAND | MALAYSIA | KOREA | THAILAND | PHILIPPINES

APPLICATION FOR STATUS 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.

(Please tick) I have sent a copy of this form to the National Office along with all relevant paperwork 2 weeks prior to my State entry closing date (unless prior arrangement has been made with National Office).

Note: The original, along with payment (cheques & money orders payable to your State) must be sent to your State Office.

CANDIDATE DETAILS:

Surname		Given Name		Date of Birth
Address				
Email (only to be used by Cecchetti Ballet Australia)				
Place (Town)	Month of Examination Session	Fee \$	(Cheques, Money Orders should be crossed and made payable to your State Committee.)	
Associate	Associate Diploma Part 1	Licentiate		
	Associate Diploma Part 2	Fellow		

Associate Examination Candidates please note: upon successful completion of your examination, you will not be issued your Associate Certificate until you register with the Organisation. Failure to register within 3 months of receiving your letter of registration will void your examination result.

Signature of Teacher or Mentor:Date:

