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 Regis	tered Ced	cchetti Teacher making	this entry to	whom results w	vill be sent:		
Name:							
Annual Registration ID:							
Address:							
				Postcode:			
Phone:		Email Address:					
First Cecchetti Assistant/or	Coach: .				••••		
Annual Registration ID:							
Please tick appropriate Assist	tant/Coac	h qualification:					
Associate Associate I	Diploma	Licentiate	Licentiat	e Diploma	Fellow		
Second Cecchetti Assistant/	or Coach	ı :					
Annual Registration ID:							
Please tick appropriate Assist	tant/Coac	h qualification:					
Associate Associate I	Diploma	Licentiate	Licentiat	e Diploma	Fellow		
If there is an additional Ceccl	hetti Assi	stant/Coach please attach	all required of	details on a separ	ate page.		
	State entr	y of this form to the Nati ry closing date (unless pr ent (cheques & money o	ior arrangen	nent has been m	ade with National		
CANDIDATE DETAILS:							
Surname		Given Name		Date of Bi	rth		
Address							
Email (only to be used by Cecc	hetti Balle	t Australia)					
Place (Town)	Month of Examination Session		Fee \$		oney Orders should ad made payable to ommittee.)		
Associate	Associat	te Diploma Part 1	Licentiate				
	Associate Diploma Part 2 Fellow						
Associate Examination Cand not be issued your Associate months of receiving your lett	Certificat er of regi	te until you register with	h the Organi	sation. Failure t			

THE FOLLOWING QUESTIONS MUST BE ANSWERED BE 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 da	ites and details	
	ve examinations?		
	x months for this examination?		
•	with any other dance society or association		
	owship candidates, please state particulars of Method in the last three years. Use a second		
Previous Position (Insert Head Assistant, Senior Assistant, Owner etc)	At (Insert Name of School and District)	No. of Years	Full / Part Time
	ther occupation		
	N IS AVAILABLE FROM STATE BRAN e for specially arranged examinations shall be		
REGISTRATION			
Successful candidates who are not member Secretary. There is a registration fee, who are not member as a registration fee.	ers of the Organisation will receive a regist nich entitles the new member to membersl egister within 3 months of receiving your le	nip for the year	ar in which thei
(Please tick as appropriate)			
	ion candidate, I acknowledge that no cor this report. The Examiner's decision is fi		or discussion
As an accreditation examination current Appeals Process.	candidate (Associate Diploma only), I ac	knowledge I a	m aware of the
AGREEMENT			
I,observe the conditions and requirements pu	certify that the above particular ublished in the syllabi of the Examination.	ars are correct	and that I will
Signature of the candidate			
N.B. Candidates applying for examination, v subscription is current.	who are already members of the organisation	n MUST ensur	e that their

Status Entry Form