

THE FOLLOWING MUST BE COMPLETED BY THE CANDIDATE:

1. Please give details and dates of previous Cecchetti Major Examinations taken, if applicable.

Intermediate Advanced 1

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

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3. Who has trained you during the last six months for this examination?

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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.....