



CECCHETTI BALLET AUSTRALIA INC.

A Member of Cecchetti International – Classical Ballet

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

APPLICATION FOR MAJOR 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.

CANDIDATE DETAILS

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

PARTICULARS OF EXAMINATION

Place (Town)	Month of Examination Session	Fee \$	(Cheques, Money Orders should be crossed and made payable to Teacher.)
Dance Spectrum 1 <input type="checkbox"/>	Advanced 1 <input type="checkbox"/>	Taken as: Category A <input type="checkbox"/> Category B <input type="checkbox"/> Pointe Exempt <input type="checkbox"/>	Please refer to the Cecchetti Rules for a detailed explanation of Categories.
Dance Spectrum 2 <input type="checkbox"/>	Advanced 2 <input type="checkbox"/>		
Intermediate <input type="checkbox"/>			

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

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.....