



CECCHETTI BALLET AUSTRALIA INC.

A Member of Cecchetti International – Classical Ballet

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

APPLICATION FOR STATUS EXAMINATIONS

SECTION 1: CANDIDATE DETAILS

| | | | |
|---------------|--|---------|--|
| FIRST NAME | | SURNAME | |
| DATE OF BIRTH | | | |
| ADDRESS | | | |
| | | | |
| MOBILE | | EMAIL | |

| | | | |
|--|---|------------------------------|--|
| VENUE OF EXAMINATION | | EXAMINATION SESSION | |
| Additional notes regarding the exam you wish to add. | | | |
| | Associate Diploma Part 1 | | Associate Diploma Part 2 |
| Currently holds the Associate | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Licentiate | | Fellow |
| | Associate Diploma Part 1 Crossing Over | | Associate Diploma Part 2 Crossing Over |
| | Associate Diploma Part 1 Ex Professional | | Associate Diploma Part 2 Ex Professional |
| Associate Diploma Part 2 Examination Candidates please note: upon successful completion of your examination, you will not be issued your Certificate until you register with Cecchetti Ballet Australia. Failure to register within 3 months of receiving your letter of registration will void your examination result. | | | |
| | I confirm I have sent this form along with all relevant documents (refer to page 5) to my State Branch Office, 2 weeks prior to my state entry closing date. Payment must be paid to your State Office. | | |
| FEES PAID | | | |

SECTION 2: TEACHERS DETAILS

Name and address of Registered Cecchetti Teacher making this entry to whom results will be sent

| | | | |
|----------|--|---------------|--|
| NAME | | ANNUAL REG.ID | |
| ADDRESS | | | |
| POSTCODE | | MOBILE | |
| EMAIL | | | |

FIRST CECCHETTI ASSISTANT / COACH

| | | | |
|---|--------------------------|--------------------|--------------------------|
| NAME | | ANNUAL REG. ID | |
| Please tick appropriate Assistant/Coach qualification: | | | |
| Associate | <input type="checkbox"/> | Associate Diploma | <input type="checkbox"/> |
| Licentiate | <input type="checkbox"/> | Licentiate Diploma | <input type="checkbox"/> |
| Fellow | <input type="checkbox"/> | | <input type="checkbox"/> |

SECOND CECCHETTI ASSISTANT / COACH

| | | | |
|---|--------------------------|--------------------|--------------------------|
| NAME | | ANNUAL REG. ID | |
| Please tick appropriate Assistant / Coach qualification: | | | |
| Associate | <input type="checkbox"/> | Associate Diploma | <input type="checkbox"/> |
| Licentiate | <input type="checkbox"/> | Licentiate Diploma | <input type="checkbox"/> |
| Fellow | <input type="checkbox"/> | | <input type="checkbox"/> |

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

| | | | |
|-----------------------------|--|------|--|
| | | | |
| Signature of Teacher/Mentor | | Date | |

SECTION 3: THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE CANDIDATE:

1. Tick the registration level you are, in the Organisation?

| | | | | | | | |
|----------------|-----------|------------------------|-------------------|------------|-----------------|---------------|--|
| Student Member | Associate | Provisional Membership | Associate Diploma | Licentiate | Ex Professional | Crossing over | |
| | | | | | | | |

If so, quote your membership number

2. Please state any Cecchetti Professional examinations you have attained and give dates and details.

| | |
|--------------|--------------------------------|
| Intermediate | |
| Advanced 1 | |
| Advanced 2 | |
| | Copy of Certificate/s attached |

By whom were you trained for the above examinations?

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

4. Please state details of your membership with any other dance society or association and your qualifications within these societies / associations.

5. Associate Diploma, Licentiate, or Fellowship candidates, please state particulars of your teaching experience in a responsible position in the Cecchetti Method in the last three years. Use a separate sheet of paper for this information, if necessary.

| Previous Position (Insert Head Assistant, Senior Assistant, Owner etc.) | At (Insert Name of School and District) | No. of Years | Full / Part Time |
|--|--|--------------|------------------|
| | | | |
| | | | |

If you are a Part time Teacher, state your other occupation

AGREEMENT

I certify that the above particulars are correct and that I will observe the conditions and requirements published in the syllabi of the Examination.

Signature of the candidate

Print candidates name

N.B. Candidates applying for examination, who are already members of the organisation **MUST** ensure that their subscription and all paperwork is current.

EXAMINATION FEE INFORMATION IS AVAILABLE FROM STATE BRANCH SECRETARIES.

Special examinations - The fees chargeable for specially arranged examinations shall be determined by circumstances and set by state branches.

REGISTRATION

Successful candidates who are not members of the Organisation will receive a registration notice from the National Secretary. There is a registration fee, which entitles the new member to membership for the year in which their examination was taken; if you register within 3 months of receiving your letter of registration.

ADDITIONAL PAPERWORK / REQUIRMENTS

Please refer to the below sections for appropriate requirements for each exam. These requirements must be satisfied prior to taking your exam or paperwork submitted along with your application to both the National Office and your State Branch.

Associate Diploma Part 1

Please provide the following prior to your exam:

- 1. Current Level 2 First Aid certificate – **HLTAID011 Provide First Aid** course or higher.
- 2. Current Working with Children Card (or Police Check) from your State.

Associate Diploma Part 2

Please provide/ensure the following:

- 1. Current year subscription is up to date.
- 2. Current First Aid and Working with Children is up to date.

Licentiate

Please provide/ensure the following:

- 1. Current year subscription is up to date.
- 2. Current First Aid and Working with Children is up to date.
- 3. 5 years’/sessions’ worth of Students’ exam results.
- 4. Copy of your Advanced 1 Report or Certificate.
- 5. A reference from a fully qualified teacher stating that you have taught or coached students up to and including Advanced 1 within the three years preceding the examination.
- 6. Two copies of your Advanced 1 Level Class plan for the examination (for State Branch only);

Fellow

Please provide/ensure the following:

- 1. Current year subscription is up to date.
- 2. Current First Aid and Working with Children is up to date.
- 3. 5 years’/sessions’ worth of Students’ exam results.
- 4. Copy of your Advanced 2 Report or Certificate.
- 5. A reference from a fully qualified teacher stating that you have taught or coached students up to and including Advanced 2 within the three years preceding the examination.
- 6. 1 copy of your essay (for State Branch only).

| | | |
|---------------------------|--------------------|--|
| National Office Use Only: | Date Received. | |
| | Database Updated: | |
| | Major / Status Doc | |