



APPLICATION FOR DANCING PROFICIENCY ASSESSMENT

PLEASE PRINT

Mr/Mrs/Miss/Ms/Other(specify): .. Full Name: ..

Address:
.....
.....

Branch:

Test date: Test location:

Please tick level to be assessed Level 1 Level 2 Level 3

If you have been assessed previously, please provide the following information:

1) Date: Place: Level:

2) Date: Place: Level:

3) Date: Place: Level:

Date: Signature:

This form, together with the examination fee plus any administration charge (see Syllabus), should be sent to:

Craig Jackson
Examinations & Youth Officer
The Royal Scottish Country Dance Society
12 Coates Crescent
Edinburgh EH3 7AF

For office use:

Result:

Mark: Grade:

Assessors:

1)

2)