

**BRANCH APPLICATION TO HOLD AN EXAMINATION FOR
TEACHING CERTIFICATE PART 1 - UNIT 1**

Branch.....

Name of Branch Secretary / Organiser.....

Address.....

.....

..... Postcode

Telephone..... E-mail.....

Date and time of examination.....

Venue (Please give **full** street address)

..... Postcode

Number of candidates (List full name and email address of all candidates in table on page 3)

Invigilators: *Please note that the following may **not** act as invigilators*

- *anyone related to the candidate by birth or marriage*
- *anyone in a personal relationship with the candidate*
- *anyone living with or sharing the same home-address as the candidate*
- *anyone who has been involved in any way in helping a candidate prepare for the examination*
- *invigilators may not be in a personal relationship or share the same home address as each other*

[i] Contact-details of Leading Invigilator (see X1-13 for information on who may invigilate):

Leading Invigilator's Name.....

Leading Invigilator's Address (Please give **full** street address)

..... Postcode

Telephone..... E-mail.....

[ii] Contact-details of Second Invigilator:

Second Invigilator's Name.....

Second Invigilator's Address (Please give **full** street address)

..... Postcode

Telephone..... E-mail.....

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I enclose fees amounting to £.....

Candidate Application Forms (X1-03) are enclosed and it is confirmed that all the candidates are current members of the Royal Scottish Country Dance Society. *Note membership of an Affiliated Group does not constitute membership of the RSCDS.*

Date:

Please note: this Form, along with all the fees and Candidate Application Forms (X1-03) should reach the RSCDS Examinations Officer no later than six weeks, (twelve weeks, if you require the examination-paper to be translated), before the date of the Examination.

Return to:

Examinations Officer
The Royal Scottish Country Dance Society
12 Coates Crescent
EDINBURGH
EH3 7AF

Email: examhelp@rscds.org

Examination Fee – Please send a cheque payable to RSCDS or phone 0131 225 3854 to make a credit / debit card payment. Alternative forms of payment are available, including PayPal and bank transfer, please contact us for details.

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CANDIDATE LISTING

Candidate Name	Email address	Telephone Number	Membership Number