

**APPLICATION TO HOLD EXAMINATIONS FOR TEACHING CERTIFICATE PART 2,
UNIT 5**

To be returned with the **originals** of the Candidate Application Forms (X4X5-03 and/or X4X5-04) and appropriate fees* to:
Examinations Officer, RSCDS, 12 Coates Crescent, EDINBURGH, EH3 7AF,
or email - examhelp@rscds.org
no later than 6 weeks before the date of the examination

Branch/centre:

Name of Branch Secretary/organiser:

Address:

.....

Telephone: E-mail:.....

Class Tutor for Unit 5:

Address:

.....

Telephone: E-mail:.....

DETAILS OF EXAMINATION

Proposed date and time of examination for Unit 5:

Venue for Unit 5 examination:.....

.....

.....

Total number of candidates for Unit 5: (including at concessionary rate*).

I confirm that all the candidates are current members of the Royal Scottish Country Dance Society and will have attended at least the required minimum number of hours of the appropriate training-course for Unit 5 as stated in the RSCDS Examination Syllabus. *Please note that membership of an Affiliated Group does not constitute membership of the RSCDS.*

I enclose fees* for **Unit 5** amounting to £..... and the **originals** of all Candidate Application Forms (X4X5-03 and/or X4X5-04)

* See 'Examination Fees' document for details of current fees and concessions

Examination Fee – Please send a cheque payable to RSCDS or phone 0131 225 38 to make a credit / debit card payment. Alternative forms of payment are available, including PayPal and bank transfer, please contact us for details.

Date: