

**Cecchetti Canada**  
**2022 Assessment Application**

(Form A015)

**FAST TRACKING PD ASSESSMENT**  
**STAGE 2**

Tour Number:	(Head Office)
Examination Dates:	

<b>CANDIDATE DETAILS</b>	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone / Cell:	Email:
Birth date:	

<b>PREREQUISITES</b>
<ol style="list-style-type: none"> <li>1. Acceptance of the Board of Examiners</li> <li>2. Completion of CC Combined Intermediate/Advanced 1 qualification or previously awarded CC Advanced 1 examination</li> <li>3. A minimum of 20 hours experience in assisting or teaching pre-ballet and ballet classes</li> <li>4. Mentored and entered by a CC Licentiate or Fellow member</li> </ol>

<b>TEACHER / COACH INFORMATION</b>	
(Teacher who is entering you, and to whom you results will be mailed)	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:
By whom were you coached during the last 6 months? (After completing this form candidates should not receive instruction from any examiner other than those named above.)	

<b>EXAMINATION DETAILS</b>
Examination studio:
City, Province:
Date of examination:

Please list your experience as a professional dancer (company and dates) and any teaching experience

	NAME	DATE(S)
Professional company		
Professional company		
Professional company		
School of Employment		
School of Employment		

Please continue on next page

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**Important information regarding your Assessment application:**

There will be no refund/credit if assessment is cancelled after the closing date.

No correspondence concerning the result of the assessment may be entered into. The decision made by the Examiner is final.

**Deposits and Application Deadlines:**

<b>For examinations in:</b>	<b>Deadline for deposits and form A015:</b>
Spring/Summer (March-June)	<b>October 1</b>
Fall/Winter (November – February)	<b>May 1</b>
Summer School (end of July – August)	<b>January 1</b>

Please mail your application form (A015) to:

**Susan Sheffield**  
**Operations Manager/Examination Administrator**  
**525 Lorne Street, Gravenhurst, ON P1P 1N1**  
**Tel: 705-684-9991 Fax: 705-684-9991 [office@cecchetticanada.com](mailto:office@cecchetticanada.com)**

Please remember to make a copy of this application for the teacher who is entering you for this examination.

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Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Your teacher must sign this application to allow you to enter into this assessment.**

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Membership #: \_\_\_\_\_