

2024 ASSESSMENT APPLICATION

Tour Number:	(Head Office)
Examination Dates:	

FAST TRACKING PD ASSESSMENT STAGE 2

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

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

TEACHER / COACH INFORMATION	
(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.)	

EXAMINATION DETAILS
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

2024 ASSESSMENT APPLICATION

FAST TRACKING PD ASSESSMENT STAGE 2

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:

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

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

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

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 #: _____