

Final Application form to hold Dancing Achievement Award Test

To be returned, <u>no later than three weeks</u> prior to the assessment, with the appropriate fees and list of candidates' forms (DAA-09) to:

Examinations Officer, RSCDS, 12 Coates Crescent, Edinburgh, EH3 7AF – <u>examhelp@rscds.org</u>

Assessment Centre / Branch:	
Date & time of assessment:	
Full address of venue where assessments will be held	d:
	Postcode:
Telephone:	Mobile:
Name of assessment organiser:	
If member of the RSCDS, state Branch:	
If not, state name of group:	
Address of organiser:	
	Postcode:
Telephone:	Mobile:
Email:	
Person in charge on day of the assessment (if differer	nt from above)
Name:	
Address	
	Postcode:
Telephone:	Mobile:
Email:	

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TT . 1	1	c 1		1111	
Lotai	number	of dan	cers tor e	each level:	
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Intermediate:	Advanced:	Very Advanced:
I confirm that the total number of d	lancers <u>listed below</u> will be prese	ented for assessment and I enclose
fees amounting to £	. (includes dancers who	are members at the concessionary
rate and non-members with	dancers who are non-m	embers at the concessionary rate)
Name of Organiser:		
(Please print)		
Date:		
Dait.	•••	

Assessment level	Number of dancers	Fees enclosed @£20 (member)	Fees enclosed @ £16 (concessionary	Fees enclosed @ £25 (non-member)	Fees enclosed @ £20 (concessionary	Total fees
Intermediate			member)		non-member)	
Advanced						
Very Advanced						
<u>Totals</u>						

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