



Final Application for Medal Tests

To be returned with the **appropriate fees and List of Candidates forms** (MT-08) to:

The Examinations Officer, RSCDS, 12 Coates Crescent, EDINBURGH, EH3 7AF,

no later than 4 weeks before the date of the tests

Email - julia.parr@rscds.org

Please note that no additions may be made after this form has been submitted

Test Centre:

Date & Time of Tests:

Full address of venue where tests will be held:

.....

Organiser of Tests:

Name:

If member of RSCDS, state Branch:

If not, state name of group:

Address:

.....

Telephone:..... Mobile number:

E-mail:

Person in charge on day of tests (if different from above):

Name:

Address:

.....

Telephone:..... Mobile number:

E-Mail:

Total number of candidates for Medal Tests:

I confirm that the total number of candidates listed overleaf will be presented for assessment and I enclose fees amounting to £.....

Date:

Test Level	Dances to be performed	Number of candidates	Fees Enclosed
Introductory			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
TOTALS:			