

**List of Candidates – Medal Tests for Young Dancers**

Test Centre: .....

Date of Tests: ..... Assessor: .....

Name of Organiser: .....

Telephone number of organiser: .....

*All columns **except for "Award Given"** to be completed by the Organiser prior to the Tests.*

*Any dancers' disabilities please list overleaf*

Test: Introductory Grades 1, 2, 3, 4, 5	Dance Choices	Candidate's Name	Membership Number (if applicable)	Age on day of test	Award Given	Plaque Initial issue (please tick)

The assessors should be notified on arrival, of any disability or impairment a dancer may have, and the information entered on the table below.  
Strict confidentiality will be maintained.

Name of Dancer	Disability / Impairment	How dancing is affected