**2019**

**An Coimisiún le Rincí Gaelacha**

**T.M.R.F. EXAMINATION - APPLICATION FORM**

**PART A: DETAILS OF APPLICANT**

*N.B. Except for the signatures this application must be completed in clear* **BLOCK CAPITALS**

**Choice of venue and time of examination**

|  |  |
| --- | --- |
| **Venue?** | **When?** |

**Applicant's Surname Forenames**

|  |  |
| --- | --- |
|  |  |

**Full Postal Address (including zip code, if any). Any change must be notified at once**

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | **Zip Code** |

**Name (forename and surname) by which you wish to be known for dancing purposes**

|  |
| --- |
|  |

**Tel. No. Fax No. E-mail Address**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Date of Birth Mobile (Cell) Phone No.**

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |

Have you previously attempted this examination? (Yes/No) …………… If repeating, please state the location(s)

and Approximate date(s) of all earlier attempts(s) ………………………………………………………………………….

……………………………………………………………………………………………………………………………. ….

If repeating, please tick below the sections being retaken:

Written Paper Céilí Teaching Gaeilge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TCRG – PART B – APPLICATION & UNDERTAKING BY CANDIDATE:**

(**To be signed by the applicant**)

1. I hereby apply for acceptance by An Coimisiún le Rincí Gaelacha as a candidate for the TMRF (Dance teacher’s Certificate) Examination.
2. I have carefully read and understand the examination syllabus and regulations and I agree to be bound by them in full. All information given by me is fully correct.

**Please tick the box.**

1. I hereby accept that I must undergo the vetting process as part of my TMRF application and will follow the directions of the CLRG Vetting Officer.

**Please tick the box**

1. I the event of my being successful in the examination I undertake to comply in full with the Rules of An Coimisiún le Rincí Gaelacha (The Irish Dancing Commission) and with any directions or instructions that body may issue from time to time.

**Please tick the box**

1. I enclose a copy of my birth certificate and a recent **passport** **size** photo of myself, which I have signed on the back.
2. I have enclosed payment in full.
3. I have had the certificate of competency and suitability at Part C of this applications completed by a registered adjudicator or teacher. (Not necessary in the case of an applicant who is repeating the examination.
4. I understand that I am taking the examination at my own risk.
5. I understand that if I suffer from any illness or disability or a condition such as pregnancy I must complete Paragraph 9 below and that if I fail to do so and this omission later comes to light I may be debarred from future Coimisiún examinations.
6. I hereby state that I suffer from or have the condition…………………………..but I am advised by my doctor that I am capable of taking the examination without adverse effects to myself. I have fully explained to my doctor what the examination entails and have had the doctor complete the certificate at Part G of this application.

In the case of a candidate being pregnant, the candidate must furnish a letter from their obstetrician dated two weeks prior to taking the examination, stating that they are satisfied that the candidate is able to attempt the examination, aware that the dancing section is particularly rigorous.

 (If paragraphs 8 and 9 do not apply, write N.A. here……………

1. Please provide required names and dates where applicable:

Did you attend preparation classes for this examination? **Yes** **No**

 If YES: Name of Tutor(s)/Examiner(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last class attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you attend workhop(s) in preparation for this examination? **Yes No**

If YES: Name of Tutor(s)/Examiners(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) and Venues(s) of Workshops \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you danced in a Danceshow(s)? **Yes No**

If YES: Name of Choreographer(s)/Examiner(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of final performance with the Danceshow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have given a summary of my dancing career at Part H of this application.

 Signed:…………………………………………………………………………

 Date:……………………………………

**Part C – Suitability Reference:**

Reference 1.

To be signed by one of the following (a responsible person who will give a suitability reference / Employer, Peace Commissioner, Garda / Police Officer, School / Head Teacher). : Family member is not acceptable when providing a reference.

I know……………………………………………………….and consider him / her to be of good standing and to be suitable to teach / work with young people.

NAME (BLOCK CAPITALS)………………………………………………………………………

ADDRESS……………………………………………………......................................

…………………………………………………………………………………………..

POSITION HELD………………………………………………………………………………….

CONTACT TELEPHONE NO……………………………………………………………………

SIGNATURE…………………………………………………….DATE…………….

Reference 2.

To be signed by one of the following ( a responsible person who will give a suitability reference / Employer, Peace Commissioner, Garda / Police Officer, School / Head Teacher).

I know……………………………………………………….and consider him / her to be of good standing and t be suitable to teach / work with young people.

NAME (BLOCK CAPITALS)………………………………………………………………………

ADDRESS………………………………………………………………………………

POSITION HELD…………………………………………………………………...

CONTACT TELEPHONE NO……………………………………..........................

SIGNATURE………………………………………………….DATE…………………

**Approval by Registered Dancing Teacher:**

**(To be signed by a teacher /Adjudicator currently registered with An Coimisiún le Rincí Gaelacha**)

I know……………………………………………………………………to be a person of standing and a suitable person to teach dancing to young people. I am satisfied that he / she can perform all sections of the TMRF examination (céilí dancing, céilí teaching and Gaeilge) to be an adequate standard of competency. I know of no reason where he / she should not be acceptable as an examination candidate. In the opinion of the Udaras, should such approval not meet with the satisfaction of the Udaras,

FURTHER INFORMATION WILL BE REQUIRED FROM YOU.

NAME: (**BLOCK CAPITALS**)………………………………….............................

ADDRESS. …………………………………………………………...........................

I am currently registered as a TCRG…………… ADCRG………………….

Contact Telephone No,…………………………………………

Signature………………………………………………………

People signing the above should note that they may be contacted by the relevant exam authorities to justify their approval.

**Part E: Child Protection Suitability Confirmation.**

        I certify that the personal details on this form are correct.

        I agree to abide by the Constitution and rules of An Coimisiún and I have read and fully understand the Child Protection Policy of An Coimisiún le Rincí Gaelacha.

        I agree to suitability checks being made with the referees, with the registered teacher I have nominated and with my Regional Council or with any other relevant agency, if deemed necessary by An Coimisiún or by the Udarás Scrudaithe acting on its behalf.

Signed……………………………………………………… Date……………

**Part F: An Coimisiún le rincí Gaelacha (official use only)**

This application to sit the TMRF examination has been approved by An Coimisiún or by the Udarás Scrudaithe (Examination Authority) Acting on its behalf.

This approval has been ratified at a meeting held on………………………(date)

Signed………………………………………………………….(Cathaoirleach)

**Part G: Medical Certificate To be completed by a medical doctor**

The applicant, (name) …………………………………………………….. suffers from/has the condition

………………………………………………………………………………………………………………………………….

He/she has explained to me in detail what the examination for which he/she wishes to be a candidate entails physically and otherwise and I am satisfied that the illness/handicap/condition mentioned above does not prevent the applicant from taking the examination and by so taking it does not put himself or herself at any risk.

Signature of Doctor: …………………………………………………………..Date: …………………………………..

Address: ………………………………………………………………………………………….....……………………

……………………………………………………………………………………………………………………………

**The doctor, if he or she wishes, may give this certificate in the form of a written letter**

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**Part F: For Official Use Only**

**Check List**

Date Received: ………………………. Photo: ………………………….

Fee Enclosed: Amount ………………... Currency ………………….. Medical Cert: …………………..

Receipt: Number ………………………. Date ………………….. Birth Cert: ………………………

Career Summary: ……………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY OF DANCING CAREER**

**List the name or names of Dance Teacher/Teachers**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year started Irish Dancing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years of study and attendance at classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level achieved in Solo Career: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Achievements in Solo dancing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Competition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Figure/ Ceili Career: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non Competitive Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relevant Teaching Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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