

2020

**An Coimisiún le Rincí Gaelacha
ADCRG EXAMINATION - APPLICATION FORM**

Part A: Personal Details

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

Exam Venue:	Exam Date:
<input type="text"/>	<input type="text"/>

First Name:	Last Name:
<input type="text"/>	<input type="text"/>

Full Postal Address (Any change, the office must be notified **at once**.)

Name (First and Last) by which you wish to be known for dancing purposes.

Tel No.:	Mobile No.:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth:

Have you previously attempted this examination? Yes / No.....

If repeating, please state the location(s) and approximate date(s) of all earlier attempt(s).

If repeating, please tick the sections being retaken.

Written Paper	<input type="checkbox"/>	Math Test	<input type="checkbox"/>	Adjudication	<input type="checkbox"/>
Music Test	<input type="checkbox"/>	Gaeilge	<input type="checkbox"/>	All Sections	<input type="checkbox"/>

Where and when did you pass the T.C.R.G examination? When did you first register as a TCRG?

Location of TCRG exam:	Year:	First registration year as TCRG:

Active Teacher Affirmation:

I confirm that I have been an active teacher while officially registered with An Coimisiún Le Rincí Gaelacha for a period of 5 full years since first registration as a TCRG.

Please tick the box to confirm

Location(s) and dates of Classes:

Signed: _____

Written confirmation must accompany this application form to confirm your teaching experience by:

- (a) An Officer of the appropriate Regional Council in the case of applicants from Ireland and Great Britain.
- (b) An officer of the appropriate national organization, where applicable, e.g. in the case of an applicant from the United States, Canada and Mexico, the IDTANA, in the case of Australia AIDA, in the case of New Zealand the TIDANZ, and the local regional bodies of those organizations if applicable.
- (c) An officer of a CLRG approved organization, e.g. in the case of an applicant from continental Europe, the RCCEA, in the case of an applicant from South Africa, Irish Dance SA, and in the case of South America, SIDA.

Part B: Application and Undertaking by Candidate

- 1. I hereby apply for acceptance by An Coimisiún le Rincí Gaelacha as a candidate for the ADCRG 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

- 3. In the event of my being successful in the examination I undertake to comply in full with the Rules of An Coimisiún le Rincí Gaelacha and with any directions or instructions that body may issue from time to time.

Please tick the box

- 4. I enclose a copy of my birth certificate and a recent **passport size** photo of myself, which I have signed on the back.
- 5. I also enclosed full payment.
- 6. I understand that I am taking the examination at my own risk.
- 7. I understand that if I suffer from any illness or disability or a condition such as pregnancy I must complete paragraph 8 below and that if I fail to do so and this omission later comes to light I may be debarred from future An Coimisiún examinations.

- 8. I hereby state that I suffer from or have the condition

- (1) 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 medical doctor what the examination entails and have had the doctor complete the certificate in Part C of this application. *(A medical doctor who is not satisfied with the wording of the certificate may provide a letter worded as he or she wishes).*

- (2) 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.

- (3) If paragraphs 7 & 8 do not apply to you please write 'N/A'

- 9. For the following, please provide required names and dates where applicable.

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

- a. If YES: Name of Tutor(s)/Examiner(s) _____
- b. Date of last class attended _____

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

- c. If YES: Name of Tutor(s)/Examiner(s) _____
- d. Date(s) and Venue(s) of Workshop(s) _____

- 10. Have you danced in a dance show(s)? **Yes** **No**

If YES: Name of Choreographer(s)/Examiner(s) _____
Date of final performance with the dance show: _____

- 11. I have given a summary of my dancing career & detail of teaching experience in Part E of this application.

Signed..... Date:

Part C: Medical Certificate (if necessary)(to be completed by a Medical Doctor)

The applicant, suffers from / has the condition
.....
.....

He / She has explained to me in detail what the ADCRG examination entails. I am satisfied that this medical condition does not put the candidate at risk.

Signature of Doctor.....Date

Address
.....

Part D: An Coimisiún le Rincí Gaelacha (for official use only)

Date Received

Photo

Fee Enclosed: Amount

Medical Cert

Receipt: Number Date

Birth Cert

Career Summary Teaching Experience Confirmation

Checked by.....

Part E: 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/ Céilí Career:

Non-Competitive Experience:

Relevant Teaching Experience:
