

2020

An Coimisiún le Rincí Gaelacha
TMRF EXAMINATION - APPLICATION FORM

Part A: Personal Details

*N.B. Except for the signatures this application must be completed in clear **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.	E -Mail
<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"/>	Ceilí Teaching	<input type="checkbox"/>	Gaeilge	<input type="checkbox"/>
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Part B: Application and Undertaking by Candidate

1. I hereby apply for acceptance by An Coimisiún le Rincí Gaelacha as a candidate for the TMRF 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. 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
 4. 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
 5. I enclose a copy of my birth certificate and a recent **passport size** photo of myself, which I have signed on the back.
 6. I also enclosed full payment.
 7. 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.)
 8. I understand that I am taking the examination at my own risk.
 9. 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 An Coimisiún examinations.
 10. 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'.....
 11. For the following, 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 workshop(s) in preparation for this examination? **Yes** **No**

If YES: Name of Tutor(s)/Examiners(s) _____

Date(s) and Venues(s) of Workshops _____

 12. 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 at Part H of this application.

Signed: **Date:**

Part C – Suitability Reference

Reference 1

To be signed by one of the following: Employer, Peace Commissioner, Garda / Police Officer, School / Head Teacher or clergy; a responsible person who will give a suitability reference. Family members are not acceptable when providing a reference.

I know.....for.....years in my capacity asand 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 and officially stamped by one of the following: Employer, Peace Commissioner, Garda/Police Office, School Principal (Educational Establishment) or clergy; a responsible person who will give a suitability reference and is not related to the candidate.

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

Part D: 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 good 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 an adequate standard of competency. I know of no reason why he / she should not be acceptable as an examination candidate. *I acknowledge that, should the candidate be deemed unsuitable and/or insufficiently prepared or unqualified to sit this exam, in the opinion of the Udaras, I may be contacted for further explanation and may be subject to potential sanctions.*

NAME: **(BLOCK CAPITALS)**

ADDRESS.

I am currently registered as a TCRG..... ADCRG.....
(tick all that apply) BG..... SDCRG.....

Contact Telephone No.....

Signature.....

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 (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 TMRF examination entails. I am satisfied that this medical condition does not put the candidate at risk.

Signature of Doctor: Date:

Address:
.....

Part H: 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:
