

2020

**\*\*\*FOR REFERENCE ONLY\*\*\***

**This form is for material reference only  
and not for submission to the office.**

**Applications may only be submitted  
through the online application process.**

**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:

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First Name:

Last Name:

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

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

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Tel. No.

Mobile No.

E -Mail

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Date of Birth:

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

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

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If repeating, please tick the sections being retaken.

Written Paper		Ceílí Teaching		Gaeilge	
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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 as .....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 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 .....

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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: .....

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**Part H: Summary of Dancing Career**

List the name or names of Dance Teacher/Teachers:

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

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

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

List Achievements in Solo dancing:

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

Figure/ Ceili Career:

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Non-Competitive Experience:

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Relevant Teaching Experience:

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