## Application for Ikkyu/Yudansha Examination

**Form 1A - To Be Completed by The Candidate**

*PLEASE WRITE CLEARLY IN BLOCK CAPITALS*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | | | **Attach**  **Photograph**  **Here** |
| **First Name(s)** |  | | | | | | |
| **Address** |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Post Code** |  | | | **Tel. No** | |  | |
| **Email** |  | | | | | | |
| **Date of Birth (DD/MM/YY)** | |  | | | **Age** | |  | |
| **Place of Birth** |  | | | | **Nationality** | |  | |
| **Occupation** |  | | | | | | | |
| **Current Dojo** |  | | | | **Instructor** | |  | |
| **Current Grade** |  | | | | | | | |
| **Date Awarded** |  | | | | **Place Awarded** | |  | |
| **Examiner** |  | | | | | | | |
| **IAF Number** |  | | | | | | | |
| **Hombu Registration Number** | | |  | | | | | |
| **Date of Hombu Registration** | | |  | | | | | |

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| DATA PROTECTION It is a requirement that persons give their written authorisation to have personal details recorded and kept. By adding your signature below, you are allowing your personal details to be kept on file by the *British Aikido Federation*. Your personal details will not be disclosed to any third party nor will they be processed for any non-Aikido related purposes. | | | |
| **Candidate’s Signature** |  | **Date** |  |