British Aikido Federation

Application for 5th Kyu Grade Examination

Form 1

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Surname:	**First Name:**
Address:	
Date of Starting Aikido:	**Current Grade:** 6th Kyu
Dojo:	**Date Awarded:**
Instructor:	**Place:**
Date of Birth:	**Number of Practises Since Last Grade:**
Instructor's Comments:	
Instructor's Signature:	**Date:**

Grade Awarded: Gokkyu	
Examiner:	**Examiner's Signature:**
Date:	**Venue:**

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**

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