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Charity Registered in England and Wales No. 312826

Approved Examination Centre entry form AEC1 (2019)

Receipt No

Impossible Dates:

Total Examining Hours (excl. breaks):

Part A – Registered school information				Part E – Fees		Examinations			Demonstration/ Presentation Classes/Class Awards			Solo Performance Awards							
Name of School						No	Fee	Total	No	Fee	Total	No	Fee	Total					
School ID																			
Email				Demonstration Class L1/2															
Tel				Pre-Primary in Dance															
Part B - Examination location information				Primary in Dance															
Name and address of examination studio (Approved Examination Centre)				Grade 1															
				Grade 2															
				Grade 3															
				Grade 4															
Postcode				Grade 5															
Email				Grade 6															
Examination day contact tel				Grade 7															
Part C - Registered teacher details				Grade 8															
	Membership ID	First name	Family name	Intermediate Foundation					Discovering Repertoire										
Teacher 1				Intermediate					Level & Type										
Teacher 2				Advanced Foundation					L2 Class Award (Class/V1/V2)										
Teacher 3				Advanced Foundation (Mem)					L3 Class Award (Class/V1/V2)										
Teacher 4				Advanced 1					L4 Class Award (Class/V1/V2)										
Teacher 5				Advanced 1 (Member)					L2 Examination (Class/V1/V2)										
Teacher 6				Advanced 2					L3 Examination (Class/V1/V2)										
				Advanced 2 (Member)					L4 Examination (Class/V1/V2)										
Name of Applicant				Subtotals			A)												
Membership ID (if applicable)				OVERALL TOTAL FEES					D)										
Please select from the below:				Please note your preferred payment method e.g. cheque, credit card etc.															
Applicant <input type="checkbox"/> School principal <input type="checkbox"/>				Part E – Terms and Conditions of entry - Failure to sign and date below will result in the entry being returned															
Teacher (select as per number above) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				This form must be submitted by the Applicant identified in Part D. The Applicant must enter their name and date the form below – this confirms that you have read, understood and agree to the RAD's terms and conditions of entry.															
Address for correspondence and delivery:				Signature: _____ Date: _____															
				For Office Use Only		Tour		Examiner											
Post code				Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8	
Email				Date															
Impossible dates for delivery				Start															
I am happy for a neighbour to receive my delivery				Yes <input type="checkbox"/>		No <input type="checkbox"/>		Finish											