



# JKS England Application for Dan Examination

Do you have any health/medical conditions which could impact your ability to undertake this examination?  
YES [ ] NO [ ] If yes, please supply details on the back of this form.

If you require a letter from your Doctor/Consultant, please arrange this in advance of the two-week cut-off date for applications.

JKS England Ltd will not be held responsible for failure to disclose any medical conditions.

Signed by student/parent if U18.....Date.....

<b>Test For</b>	Insert Photo	<b>**Signature by club instructor for permission to grade.**</b>  _____	JKS Dan Grades Only HQ membership Number from Burgundy book <b>NOT</b> JKS England red book.  _____
Shodan [ ]			
Nidan [ ]			
Sandan [ ]			
Yondan [ ]			
Crossover [ ]			

**PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS**

Name: <b>**N.B (This is how it will read on your diploma)**</b>	Date of Birth ____/____/____
	Age at Grading _____
Nationality:	Term of Training ( <b>without Breaks</b> ) _____
Club/Dojo Name:	Current Grade:
Chief Examiner: <b>ALAN CAMPBELL SENSEI</b>	Test Date: ____/____/____

**EXAMINER USE ONLY**

<b>Kihon</b>	<b>Kumite</b>	<b>Kata</b>

<b>Result</b>	Pass [ ]	Fail [ ]	Kata only [ ]	Kumite only [ ]
<b>Extra Comments;</b>				