

**Chief Examiner, Kai Shin Kai**

**Bill Harris**

**41 Meredith Drive, Aylesbury, Bucks HP19 8NH**

**Tel. 01296 487953**

**e-mail: [bill.ksk7@tiscali.co.uk](mailto:bill.ksk7@tiscali.co.uk)**

**APPLICATION FOR IKKYU/DAN GRADINGS**

*This form, together with appropriate grade fee, to be returned to above address in December prior to January course each year.*

**Fees: Ikkyu: £7.00 Shodan: £15.00 Nidan: £20.00 Sandan: £25.00**

**(Cheques made out to 'KAI SHIN KAI')**

**Name (as you would prefer it on Grading Certificate)**

.....

**KSK no. & expiry date ..... Club .....**

**Current grade and date attained: .....**

**KSK courses attended in last year (minimum of 2): .....**

.....

**I have read and understood the Code of Practice for Grading (available on website) and agree to comply with the requirements detailed. I wish to make known to the **Chief Instructor, and Grading Panel Members**, the following medical conditions, disabilities and special factors that may affect my performance in the Grading. Please detail on separate sheet.**

**Date:..... Club SENSEI'S signature: .....**

**Place of Grading: ..... Pass/Fail Grade awarded:.....**

**Date:..... Signature of Chief Examiner: .....**

**e-mail address:..... (for CLO to inform of Coach Level 1 courses)**