# QUESTIONNAIRE FOR ALL DAN GRADES
## Please Print Clearly

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|---|---|---|---|---|---|---|
| Candidates Name | | | Dan No. | | Current Rank | |
| Date of Birth | | Age | Gender M / F | Phone / Mobile | | |
| Full Address (please print clearly) | | | | | | |
| | | | | Postcode | | |

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|---|---|---|---|
| Date of your last test | | How often do you train | Per week |
| Instructors Name | | Instructors Club Name | |

Since testing for your current rank please enter how many times you have attended the following:-

| Gup Testings Attended | Dan Testings Attended | Black Belt Credits for National Classes. | Classes with Regional Instructor |
|---|---|---|---|
| | | | |

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|---|---|---|---|
| Do you teach your own classes? | | If so, number of times per week | |

| Medical Information (please supply medical information or medical conditions that may affect your performance at your pre-test or test) e.g. Current Injuries, Asthma, Disabilities etc. |
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| Please supply Information on your future goals, and any other information that you feel you have done to help your Instructor and the Association (please use the reverse of this form if needed) |
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