



Dan Grade Application Form

1. Applying for the rank of 1st Dan 2nd Dan 3rd Dan __ Dan

2. Applicant's Personal Details

SURNAME: _____
 GIVEN NAME(s): _____
 ADDRESS: _____
 CITY/SUBURB: _____ POST CODE: _____
 DATE OF BIRTH: _____ AGE: _____ MALE FEMALE
 PHONE (Home): _____ (Work): _____
 MOBILE: _____ FAX: _____
 EMAIL: _____
 JUDO CLUB: _____ NAME OF COACH _____
 JUDO CAREER COMMENCED IN: _____ JUDO WA REGISTRATION NUMBER: _____

3. Previous Gradings

GRADE	DATE OBTAINED	PLACE	AUTHORITY	NOTES
Ni Kyu (2 nd Kyu)				
Ik Kyu (1 st Kyu)				
Sho Dan (1 st Dan)				
Ni Dan (2 nd Dan)				
San Dan (3 rd Dan)				
Yon Dan (4 th Dan)				
Go Dan (5 th Dan)				
Roku Dan (6 th Dan)				
Shichi Dan (7 th Dan)				

4. Points Overview (Must be specified on page 2 of this form)

POINTS OBTAINED FROM	FROM (Date)	TO (Date)	TOTAL POINTS
TOURNAMENTS	__ / __ / __	__ / __ / __	
SERVICE	__ / __ / __	__ / __ / __	
REFEREEING	__ / __ / __	__ / __ / __	

5. Authorisation

	SIGNATURE	DATE
APPLICANT	_____	__ / __ / 20__
COACH	_____	__ / __ / 20__

Judo WA OFFICE USE ONLY	
Form Received:	__ / __ / 20__
Fees Received:	__ / __ / 20__
Exam Date:	__ / __ / 20__



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(Page 2 of 3)

APPLICANT'S SURNAME _____ JUDO WA REG No.: _____

TOURNAMENT RECORD SINCE ATTAINING PRESENT GRADE

TOURNAMENT	DATE	PLACE	DEFEATED	GRADE	SCORE	POINTS
Total						

SERVICE RECORD SINCE ATTAINING PRESENT GRADE

ADMINISTRATION:	YEARS	CLUB	STATE	NATIONAL	POINTS
Total					

COACHING:	YEARS	CLUB-NCAS LEVEL	STATE	NATIONAL	POINTS
Total					

TEAM MANAGEMENT:	YEARS	MANAGER/ASSISANT	STATE	NATIONAL	POINTS
Total					

REFEREEING:	YEARS	STATE	NATIONAL	OCEANIA	INTERNATIONAL	POINTS
Total						



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GRADE RECOMMENDATION

(Page 3 of 3)

APPLICANT'S SURNAME _____ JUDO WA REG No.: _____

SUBJECT	MARK	KATA	MARK
NAGE WAZA		1. NAGE NO KATA	
RENRAKU WAZA		2. KATAME NO KATA	
KAESHI WAZA		3. KIME NO KATA	
SHIME WAZA		4.	
KANSETSU WAZA			
A = Very Good C = Pass	B = Good D = Fail	RECOMMENDATION: _____ DATE: / / 20	DATE: __/__/20__

MEMBERS OF EXAMINATION PANEL				
POSITION	NAME	JFA DAN GRADE	SIGNATURE	DATE
DIRECTOR		___ Dan		__/__/20__
MEMBER		___ Dan		__/__/20__
MEMBER		___ Dan		__/__/20__

STATE BODY RECOMMENDATION: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
POSITION	NAME	SIGNATURE	DATE
PRESIDENT OR SECRETARY			__/__/20__

JUDO FEDERATION OF AUSTRALIA (Inc.)			
DATE RECEIVED	__/__/20__	DATE REFERRED	__/__/20__
GRADE COMMISSION			
DATE RECEIVED	__/__/20__	DECISION	DATE
CHAIRMAN		SIGNATURE	
IJF CERTIFICATE No:		DATE	__/__/20__
NATIONAL CERTIFICATE No:		DATE	__/__/20__