

**APPLICATION FOR  
NIDAN/SANDAN/YODAN**



**TO BE COMPLETED BY APPLICANT**

DATE			
FIRST NAME		LAST NAME	
MAILING ADDRESS			
CITY & PROVINCE		POSTAL CODE	
DATE OF BIRTH		GENDER	
PHONE #		EMAIL	
PASSBOOK #		PRESENT RANK	
PASSBOOK UPDATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST GRADING	
CLUB		INSTRUCTOR	
DATE OF ENROLMENT		OTHER MARTIAL ARTS	

**TRAINING SCHEDULE**

AVERAGE # HOURS/WEEK		AVERAGE # MONTHS/YR.	
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**TEACHING SCHEDULE**

AVERAGE # HOURS/WEEK		AVERAGE # MONTHS/YR.	
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DISABILITIES/INJURIES			
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**BLACK BELT HISTORY**

RANK	DATE GRADED	JOSEKI BOARD SENSEI(S)
SHODAN		
NIDAN (IF APPLICABLE)		
SANDAN (IF APPLICABLE)		

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<b>BLACK BELT CLINICS</b>		<b>REQUIRED ANNUALLY. SHOULD NOT BE YOUR INSTRUCTOR</b>
<b>DATE</b>	<b>LOCATION</b>	<b>LIST OF INSTRUCTOR(S)</b>
<b>TOURNAMENTS</b>		<b>ENCOURAGED TO COMPETE OR PARTICIPATE IN 2 PER YEAR</b>
<b>DATE</b>	<b>LOCATION</b>	<b>TOURNAMENT ARBRITRATOR/SENSEI SIGNATURE</b>
<b>PRE-GRADING(S)</b>		<b>HIGHLY RECOMMENDED</b>
<b>DATE</b>	<b>LOCATION</b>	<b>LIST OF INSTRUCTOR(S) BELOW</b>

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**PICTURE OF PASSBOOK REGISTRATION STICKERS**

**CLICK THIS  
SPACE TO  
INSERT **

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**USE SEPARATE SHEET TO ANSWER THE FOLLOWING QUESTION (IF NECESSARY):**

What benefits have you achieved through Wado Kai Karate?

What have you accomplished since your last grading?

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**APPLICATION FOR  
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**TO BE COMPLETED BY INSTRUCTOR**

<b>DATE</b>		
<b>PROPOSED GRADING</b>	<b>LOCATION</b>	<b>DATE</b>

**APPLICANT'S INSTRUCTOR SECTION**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>PHONE #</b>		<b>EMAIL ADDRESS</b>	
<b>CLUB NAME</b>		<b>CLUB LOCATION</b>	
<b>PRESENT RANK</b>		<b>DATE OF LAST GRADING</b>	
<b>INSTRUCTOR'S SENSEI</b>		<b>TEACHING CERTIFICATE#</b>	
Are you giving this student permission to try for this rank or are you recommending this student for this rank. Please check the box below: <input type="checkbox"/> <b>PERMISSION</b> <input type="checkbox"/> <b>RECOMMENDING</b>		Did you verify the students SWKKF passbook for all appropriate information/stamps/etc.? Please check the box below: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

<b>APPLICANT FIRST NAME</b>	<b>APPLICANT LAST NAME</b>
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**TRAINING SCHEDULE**

<b>AVERAGE # HOURS/WEEK</b>	<b>AVERAGE # MONTHS/YR.</b>
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**TEACHING SCHEDULE**

<b>AVERAGE # HOURS/WEEK</b>	<b>AVERAGE # MONTHS/YR.</b>
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<b>DISABILITIES/INJURIES</b>	
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# APPLICATION FOR NIDAN/SANDAN/YODAN



# TO BE COMPLETED BY INSTRUCTOR

## INSTRUCTOR ACCOUNTABILITY FORM

**NOTE:** The following questions have been put into the grading applications to ensure instructors know and verify training information prior to the grading. By verifying the information below we are trying to avoid students attending gradings when they are not ready or have not met the time requirements for the rank. If your student has not met the criteria outlined in the SWKKF Grading Manual, please ensure you provide explanations as to why.

QUESTION	ANSWER
1. Have you reviewed the candidate's passbook, ensuring it is up to date? (I.e. clinic participation information, address, past grading dates, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Please indicate the minimum years required for the rank your student will be attempting to advance to.	
3. How many years has your student been actively training (without extended breaks) since their last grading?	
4. How many years has your student been active in the SWKKF?	
5. Please indicate the number of training hours/week required for the rank your student will be attempting to advance to.	
6. List the average number of training hours/week your student has completed for this rank.	
7. What is the minimum number of tournament participation required for this rank?	
8. Please indicate how many tournaments your student has attended.	
9. How many Black Belt clinics are required for this rank?	
10. Please indicate how many advanced clinics your candidate has attended.	
11. (A) Are you recommending your student for their next rank or (B) are you asking the Jouseki board to evaluate your student and recommend pass/fail based on their performance?	<input type="checkbox"/> A <input type="checkbox"/> B
12. As the instructor, do you confirm that you have completed all of the verification in this section?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INSTRUCTOR SIGNATURE</b>   	

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**USE SEPARATE SHEET TO ANSWER THE FOLLOWING TWO QUESTIONS (IF NECESSARY):**

1. Why are you recommending this student for advancement?

2. What do you feel this student has to offer the SWKKF?

**FOR OFFICE PURPOSE ONLY**

<b>DATE RECEIVED</b>	
<b>INFORMATION AND PAYMENT RECEIVED</b>	

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