**APPLICATION FOR PARA-KARATE BLACK BELT GRADING**

TO BE COMPLETED BY APPLICANT AND INSTRUCTOR

\*Application, and payment must be completed and received 1 month prior to grading to be eligible for grading. Late applications will not be accepted.

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| **DATE** |  | **EMAIL** |  |
| **FIRST NAME** |  | **LAST NAME** |  |
| **MAILING ADDRESS** |  | | |
| **CITY & PROVINCE** |  | **POSTAL CODE** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **PHONE #** |  | **Passbook #** |  |
| **Pictures of Passbook Info Attached to Page 3** | **YES**  **NO** | **PRESENT RANK** |  |
| **PASSBOOK UPDATED?** | **YES**  **NO** | **DATE OF LAST GRADING** |  |
| **CLUB** |  | **INSTRUCTOR** |  |
| **DATE OF ENROLMENT** |  | **Rank Applying For** | * Shodan * Nidan * Sandan * Yodan |

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| **TRAINING SCHEDULE** | | | |
| **AVERAGE # HOURS/WEEK** |  | **AVERAGE # MONTHS/YR.** |  |
| **TEACHING SCHEDULE** | | | |
| **AVERAGE # HOURS/WEEK** |  | **AVERAGE # MONTHS/YR.** |  |
| **DISABILITIES/ADAPTED MARTIAL ARTS** | * **Physical Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Visual Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Hearing Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Intellectual Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **WHAT ACCOMMODATIONS OR MODIFICATIONS WILL ALLOW FOR A SUCCESSFUL GRADING VENUE?**  **COMMENTS TO BE PROVIDED BY**  **INSTRUCTOR:** | * **Shorter Grading Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Graded Alone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Graded In Small Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Breaks More Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Slower Pace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **RANK** | | **DATE GRADED** | | **INSTRUCTOR(S)** |
| **YELLOW** | |  | |  |
| **ORANGE** | |  | |  |
| **GREEN** | |  | |  |
| **BLUE** | |  | |  |
| **BROWN** | |  | |  |
| **RED (IF APPLICABLE)** | |  | |  |
| **BLACK BELT CLINICS** | | | REQUIRED ANNUALLY. SHOULD NOT BE YOUR INSTRUCTOR | |
| **DATE** | **LOCATION** | | **LIST OF INSTRUCTOR(S)** | |
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| **TOURNAMENTS** | | | ENCOURAGED TO COMPETE OR PARTICIPATE IN 2 PER YEAR | |
| **DATE** | **LOCATION** | | **TOURNAMENT ARBRITRATOR/SENSEI SIGNATURE** | |
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| **PRE-GRADING(S)** | | | HIGHLY RECOMMENDED | |
| **DATE** | **LOCATION** | | **LIST OF INSTRUCTOR(S) BELOW** | |
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| **PRE-GRADING(S)** | | HIGHLY RECOMMENDED |
| **DATE** | **LOCATION** | **LIST OF INSTRUCTOR(S) BELOW** |
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**Attached Pictures of Information in Passbook (Registration Record, Grading Record, Clinics, Tournaments):**

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

What benefits have you achieved through Wado Kai Karate?

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| **DATE** |  | |
| **PROPOSED GRADING** | **LOCATION** | **DATE** |
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| **APPLICANT’S INSTRUCTOR SECTION** | | | |
| **FIRST NAME** |  | **LAST NAME** |  |
| **PHONE #** |  | **EMAIL ADDRESS** |  |
| **CLUB NAME** |  | **CLUB LOCATION** |  |
| **PRESENT RANK** |  | **DATE OF LAST GRADING** |  |
| **INSTRUCTOR’S SENSEI** |  | **TEACHING CERTIFICATE#** |  |
| 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:  **PERMISSION**   **RECOMMENDING** | | Did you verify the students SWKKF passbook for all appropriate information/stamps/etc.? Please check the box below:  **YES**  **NO** | |

**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.

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| **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.) | YES  NO |
| 1. Please indicate the minimum years required for the rank your student will be attempting to advance to. | #\_\_\_\_\_ |
| 1. How many years has your student been actively training (without extended breaks) since their last grading? | #\_\_\_\_\_ |
| 1. How many years has your student been active in the SWKKF? | #\_\_\_\_\_ |
| 1. Please indicate the number of training hours/week required for the rank your student will be attempting to advance to. | #\_\_\_\_\_ |
| 1. List the average number of training hours/week your student has completed for this rank. | #\_\_\_\_\_ |
| 1. What is the minimum number of tournament participation required for this rank? | #\_\_\_\_\_ |
| 1. Please indicate how many tournaments your student has attended. | #\_\_\_\_\_ |
| 1. How many Black Belt clinics are required for this rank? | #\_\_\_\_\_ |
| 1. Please indicate how many advanced clinics your candidate has attended. | #\_\_\_\_\_ |
| 1. (**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? | A  B |
| 1. As the instructor, do you confirm that you have completed all of the verification in this section? | YES NO |
| **INSTRUCTOR SIGNATURE** | |

**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?**

INFORMATION FOR JOUSEKI BOARD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FOR OFFICE PURPOSE ONLY** | |
| **DATE RECEIVED** |  |
| **INFORMATION AND PAYMENT RECEIVED** |  |