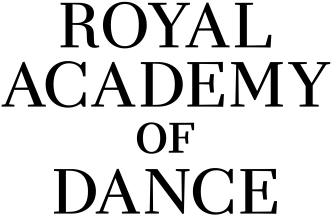
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| RAD Approved Venue entry form RAV1 (2021) An RAV2 form must be completed for each vocational graded candidate and an RAV3 form must be completed for graded candidates or vocational candidates you wish to enter together |
|



PO BOX 245, Kings Cross, NSW, 1340  
 T: (02) 9331 4111  
 Please return entry forms to your [Tour Organiser](https://au.royalacademyofdance.org/exams/timings-dates-and-sets/)

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| Part A – Registered school information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Part E – Summary of candidates and fees** | | | | | | | | | |
| Name of School | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Candidate ID** | **Given name** | **Family name** | **Member** | **Level e.g. IF** | **Exam type** | **Syllabus M/F** | **Fee** | **Office use** | |
| School ID | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Tel | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part B - Examination venue information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| RAD Approved Venue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
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| RAD Approved Venue ID (if known) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part C - Registered teacher details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | Membership ID | | | | | | First name | | | | | | | | | | | | Family name | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 1 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 2 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 3 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 4 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 5 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 6 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part D – Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Name of Applicant | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Membership ID (if applicable) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Please select from the below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Applicant | | | | |  | School principal | | | | | | | | | | | | |  | | |  | | | | | | | | **Total candidates (non-members):** | | | |  | | **Sub-total fees:** | |  | |
| Teacher (select as per number above) | | | | | | | | | | 1 |  | | 2 |  | | 3 | |  | | 4 | | |  | 5 | |  | 6 | |  | **Total candidates:** | | | |  | | **Total fees:** | |  | |
| Address for correspondence and delivery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Part F – Signature of Applicant** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Postcode | |  | | | | | | | | | | Tel | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Impossible dates for delivery | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| I am happy for a neighbour to receive my delivery | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | | |  | | **Name of Applicant Date** | | | | | | | | | |