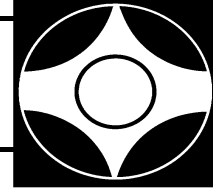


Application Form for National Black Belt Grading

British Karate Kyokushinkai



President and Chief Instructor Hanshi Steve Arneil (9th Dan)

**145 Cambridge Road,
London, SW20 OPH
Gt. Britain
Telephone - 020 8946 0673
Fax - 020 8944 7047
e mail: hanshi@the-ifk.co.uk**

Notes for Instructor and Student

- Note 1** Section A should be completed by the Grading Examiner and/or Students Instructor (Please note section A11 to A13 inclusive is for official use) Section B should be completed by the student. Section C should be completed by the Instructor/Country Representative recommending the student for grading.
- Note 2** This form must be returned to Hanshi Arneil with a deposit of £25.00 for Black Belt Grading. On the day of the grading please bring the remainder of the fee plus an up to date First Aid Certificate together with the balance of the required fee. **(Cheques should be made payable to the IFK).**
- Note 3** This Grading Application form **must** be returned to Hanshi Arneil at least 10 days before the grading date.
- Note 4** Once this form has been received Hanshi will send a confirmation of acceptance together with details of date, time and location of grading.
- Note 5** Please include a stamped self addressed envelope with this application.
- Note 6** If in doubt of any requirements or issues please contact Hanshi Arneil immediately.
- Note 7** Please complete the Grading Medical Form attached (Male/Female) as appropriate

Section A - General Details - to be completed by the Student

(Please PRINT Clearly)

A1. Name of Student

Family Name (Surname)	Given Name (First Name)

A2. Date of Birth

Date	Month	Year	Age Now

A3. Address

Tel Number:

**A4. Dojo Name and address
where student trains**

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**A5. Number of years training
in Kyokushin Karate**

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**A6 BKK License No
and expiry date**

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**A7. IFK Membership
Card Number**

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A8 Current Grade and Date Achieved

--

A9 Grade you are attempting

--

Please attach 2 photos
3cmX4cm

Photo 1	Photo 2
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A10 Length of Belt

Cms

For Official Use Only

A11. Date of Examination

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**A12. Place of
Examination**

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A13. Result of Examination

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LK/BKK/2008

Section B - Students Details - to be completed by the Student

Please note: If there is insufficient space to list all your tournaments/courses/qualifications please continue on a separate sheet of paper and attach to your application.

B1. Have you trained in any other martial arts? If yes please give details

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B2. Please list details of National and International Courses you have attended (during the past 3 years)

	Name of Course	Date	Location

B3. Please list details of National and International Tournaments you have taken part in.

	Name of Tournament	Date	Location

B4. Please list details of Judging/Refereeing qualifications (Applicants for Shodan and above)

	Qualification	Date	Location

B5. Do you instruct? If so at what level

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B6. Position held in dojo, if any? (Secretary etc)

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B7. Do you have any National/International Coaching Qualification? If so please give details.

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B8. Please give any First Aid Qualification held and date achieved. (Applicants for Shodan and above)

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B9. Do you have any physical disability which restricts the performance of any technique? If so please give details and a Doctors letter (An injury is not a disability and therefore cannot be taken into consideration during Grading)

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B10. Students Signature

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Date

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Section C - Instructors Recommendation

C1. Instructors Name

C2. Instructors Grade

**C3. Instructors BKK
License No**

**C4. Instructors Address and
Telephone/Fax number/e mail**

C5. Current Grade of Student and date achieved

C6. Please give details of students dojo attendance during the past 12 months

**C7. What assistance does the student give to the dojo
(e.g. Administration, organizational,, demonstrations etc)**

C8. Please give students sports biography/history

C9. Instructors Signature of recommendation

C10. Date

BRITISH KARATE KYOKUSHINKAI GRADING MEDICAL HISTORY FORM (MALE)

1 PERSONAL DETAILS

NAME:	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>
ADDRESS	<input type="text"/>		DOCTORS NAME & ADDRESS		
TELEPHONE	<input type="text"/>	TELEPHONE IN EMERGENCY	<input type="text"/>		

2 MEDICAL DETAILS

A ARE YOU CURRENTLY TAKING ANY MEDICATION? YES/NO (Delete as necessary)

B IF YES PLEASE GIVE DETAILS

C ARE YOU ALLERGIC TO ANY MEDICATIONS? YES /NO (Delete as necessary)

D IF YES PLEASE GIVE DETAILS

E DO YOU HAVE ANY CURRENT INJURY? YES/NO (Delete as necessary)

F IF YES PLEASE GIVE DETAILS

G HAVE YOU BEEN KNOCKED OUT DURING THE PAST 12 MONTHS? YES/NO (Delete as necessary)

H IF YES PLEASE GIVE DETAILS

I HAVE YOU HAD A HEAD INJURY DURING THE PAST 12 MONTHS? YES/NO (Delete as necessary)

J IF YES PLEASE GIVE DETAILS

K DO YOU HAVE ANY DISABILITY/ILLNESS THAT MAY EFFECT YOUR PARTICIPATION IN THIS TOURNAMENT?
YES/NO (Delete as necessary)

L IF YES PLEASE GIVE DETAILS

M DO YOU HAVE ANY ALLERGIES YES / NO

3 DECLARATION

I certify that the above information is correct and that I have declared all information relevant to the participation in this grading and I can confirm that I understand the nature of this grading.

Signature

Date

BRITISH KARATE KYOKUSHINKAI GRADING MEDICAL HISTORY FORM (FEMALE)

1 PERSONAL DETAILS

NAME:	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>
ADDRESS	<input type="text"/>	DOCTORS NAME & ADDRESS	<input type="text"/>		
TELEPHONE	<input type="text"/>	TELEPHONE IN EMERGENCY	<input type="text"/>		

2 MEDICAL DETAILS

A ARE YOU CURRENTLY TAKING ANY MEDICATION? YES/NO (Delete as necessary)

B IF YES PLEASE GIVE DETAILS

C ARE YOU ALLERGIC TO ANY MEDICATION

YES / NO (Delete as necessary)

D IF YES PLEASE GIVE DETAILS

E DO YOU HAVE ANY CURRENT INJURY? YES/NO (Delete as necessary)

F IF YES PLEASE GIVE DETAILS

G HAVE YOU BEEN KNOCKED OUT DURING THE PAST 12 MONTHS?

YES/NO (Delete as necessary)

H IF YES PLEASE GIVE DETAILS

I HAVE YOU HAD A HEAD INJURY DURING THE PAST 12 MONTHS?

YES/NO (Delete as necessary)

J IF YES PLEASE GIVE DETAILS

K DO YOU HAVE ANY DISABILITY/ILLNESS THAT MAY EFFECT YOUR PARTICIPATION IN THIS EVENT

YES/NO (Delete as necessary)

L IF YES PLEASE GIVE DETAILS

M DO YOU HAVE ANY ALLERGIES

YES / NO

N ARE YOU PREGNANT

YES/NO (Delete as necessary)

3 DECLARATION

I certify that the above information is correct and that I have declared all information relevant to the participation in this grading, I can confirm that I understand the nature of this Grading

Signature

Date