

BLACK BELT GRADING FORM

THIS FORM IS UNACCEPTABLE UNLESS TYPED!

TAGB Licence No. _____ Expiry Date _____ ID No _____
FORENAMES _____
SURNAME (M) _____
DATE OF BIRTH _____
OCCUPATION _____ **NATIONALITY** _____
ADDRESS _____
 (inc postcode) _____
STARTED TRAINING _____ **HEIGHT** _____ (cm)

Declaration

As a member of the Tae Kwon-Do Association of Great Britain (TAGB), I confirm that I have read and understood the declaration that I signed on my application form to become a member of the TAGB.

I confirm that I am fully fit and competent to participate in this grading examination.

I also confirm that information provided on this application will be treated in line with the TAGB Privacy Policy. Full details of this policy are available online at www.tagb.biz

I am at present _____ KUP / DAN Signature _____ Date _____

INSTRUCTOR'S USE ONLY

TAGB School _____ Instructor _____

Training Period since last grading (____ years ____ months ____ weeks)

From (Present KUP / DAN) to (Promote DAN)

Instructor's recommendations and comments

(Fine / Medium / Poor)

RE-TAKE? YES NO

Endorsed by the signature of

INSTRUCTOR _____

AREA CO-ORDINATOR _____

All photos must be identical

EXAMINER'S USE ONLY

	STNS	FCUS	POWR	TECH	EFF	SCORE	COMMENTS
BASICS							
PATTERNS							
SET/SPAR							
SPARRING							