Instructions

1. All questions are based on the period since your students last grading.
2. Application, questionnaire and payment must be complete and received 1 month prior to grading to be eligible for grading. This applies to all ranks. Late applications will not be accepted as per senate decision Dec. 2012.
3. All sections are mandatory. If you do not fill out a field, your application will be returned without approval.
4. When filling out the Training and Teaching schedule / timelines, it should only include training time (not extended breaks greater than two months)
   * Refer to section B – Definitions in the grading manual: “Active training”
5. In the **Applicants Instructor Section**, the definitions of *Recommending* and *Permission* are as follow:
   * Recommending: Instructor feels the candidate meets the requirements to be successful.
   * Permission: You are giving your student permission and asking the Jōseki board to evaluate your student and recommend pass/fail based on their performance.
6. For Special Circumstance Grading, refer to the grading manual for additional information.

What is to be submitted in an application package:

1. Student application section
2. Instructor application section
3. Completed Written Questionnaire
4. Payment of $100. E-transfer to payments@shintani.ca

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| **DATE** |  | **EMAIL** |  |
| **FIRST NAME** |  | **LAST NAME** |  |
| **MAILING ADDRESS** |  | | |
| **CITY & PROVINCE** |  | **POSTAL CODE** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **PHONE #** |  | **Passbook #** |  |
| **MENTORSHIP EVALUATION FORMS ATTACHED** | **YES**  **NO** | **PRESENT RANK** |  |
| **PASSBOOK UPDATED?** | **YES**  **NO** | **DATE OF LAST GRADING** |  |
| **CLUB** |  | **INSTRUCTOR** |  |
| **DATE OF ENROLMENT** |  | **OTHER MARTIAL ARTS** |  |

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| **TRAINING SCHEDULE** | | | |
| **AVERAGE # HOURS/MONTH** |  | **AVERAGE # MONTHS/YR.** |  |
| **TEACHING SCHEDULE** | | | |
| **AVERAGE # HOURS/WEEK** |  | **AVERAGE # MONTHS/YR.** |  |
| **DISABILITIES/INJURIES** | **Do you have any disabilities or injuries that can affect your technique?**  **YES**  **NO**  **If Yes, please fill out free form section on page four.** | | |

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| **BLACK BELT HISTORY** | | |
| **RANK** | **DATE GRADED** | **JŌSEKI BOARD SENSEI(S)** |
| **SHODAN** |  |  |
| **NIDAN** |  |  |
| **SANDAN** |  |  |
| **YODAN** |  |  |

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| Events should be listed starting with most recent (descending order).  Location can be in person or virtual.  Any additional clinics, tournaments or pre-gradings should be referenced in your passbook. | | |
| **BLACK BELT CLINICS** | | 2 REQUIRED ANNUALLY. Should be Instructor outside your own dojo. |
| **DATE** | **LOCATION** | **LIST OF INSTRUCTOR(S)** |
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| **TOURNAMENTS** | | ENCOURAGED TO COMPETE OR PARTICIPATE IN 2 PER YEAR |
| **DATE** | **LOCATION** | **OUTLINE YOUR PARTICIPATION (ex: participant, judge, etc.)** |
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| **PRE-GRADING(S)** | | HIGHLY RECOMMENDED |
| If you have done a pre-grading most recent evaluation form must be included in your application. | | |
| **DATE** | **LOCATION** | **LIST OF JŌSEKI MEMBERS** |
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| **INSTRUCTION** | | CLINICS TAUGHT IN YEAR LEADING TO GRADING (2 REQUIRED IN YOUR GRADING YEAR) |
| **DATE** | **LOCATION** | **LIST OF INSTRUCTOR(S) OBSERVING BELOW** |
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**Injuries / Disabilities: Describe your injuries and how they affect your performance. What accommodations / adaptations / modifications should be made.**

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

1. What benefits have you achieved through Wado Kai Karate?
2. What have you accomplished since your last grading?
3. What are your future goals with the Shintani Wado Kai Karate Federation?

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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 recommending or giving this student permission to attempt this rank?  (See definition in instructions)  Please check the box below:  **RECOMMENDING**  **PERMISSION** | | Did you verify the students SWKKF passbook for all appropriate information/stamps/etc.? Please check the box below:  **YES**  **NO** | |

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| **APPLICANT FIRST NAME** |  | | **APPLICANT LAST NAME** |  |
| **Have you confirmed your students training schedule as recorded above?**  **YES**  **NO** | | | | |
| **Have you confirmed your students teaching schedule as recorded above?**  **YES**  **NO** | | | | |
| **DISABILITIES/INJURIES**  **(Do you have any additional information to add to what your student has listed?)** | |  | | |
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| SPECIAL CIRCUMSTANCES | | Do you request a special circumstances grading?  **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. All questions are based on the period since your students last grading.

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| **QUESTION** | **ANSWER** |
| 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 since their last grading? |  |
| 1. Has your student taken an extended break (anything greater than two months) | YES  NO |
| * 1. If Yes, please indicate the length of the extended break. |  |
| 1. How many years has your student been active in the SWKKF? |  |
| 1. Please indicate the number of training hours/month required for the rank your student will be attempting to advance to. Please indicate the number of hours of training required as per the “Active Training” definition in the grading manual. |  |
| 1. List the average number of training hours/month your student has completed for this rank. |  |
| 1. What is the minimum number of tournament participation encouraged for this rank? |  |
| 1. Please indicate how many tournaments your student has attended. |  |
| 1. How many Black Belt Clinics are required for this rank each calendar year? |  |
| 1. Please indicate how many Black Belt Clinics your candidate has attended. |  |
| 1. Has your student instructed two black belt clinics in the last twelve months? |  |
| 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?

SWKKF – Black Belt Grading Written Questionnaire

Students going for Godan should Proctor the Questionnaire with the Sensei assigned to review the questionnaires with the students and be prepared to provide input.

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