**Candidate for appointment of Shihan**

(Based of Rules for Appointment of Shihan)

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| Name:姓名 | | | | Photo相片 |
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| Date of Birth:生日  dd / Mmm / yyyy | | Nationality:國籍 | |
| Address:地址 | | | |
| Present Dan:  現有段Dan | 6th Dan registration date:  dd / mm / y6段登記日期 | | Aikikai Membership No.:  合氣會會員證號 |
| Position in the organization, to which the candidate belongs:  申請人於所屬單位之職位 | | | | |
| Candidate’s Aikido Background申請人之合氣道背景  (Additional pages can be attached if space below is not enough.)下面空格不足時可另附頁  -Brief history of candidate’s Aikido activity:申請人之合氣道簡歷  -Period as instructor in the organization:於所屬組織擔任教練期間  -Main accomplishment in the organization:於所屬組織之主要貢獻成就  -Candidate’s policy and thoughts relating to instruction/practice of Aikido:  申請人對於合氣道的訓練和指導之想法和原則  -Other information and remarks, if any:其他有關資訊和備註(如有) | | | | |
| Name of Organization submitting this document:本件申請人所屬組織名稱 | | | | |
| Name of Person in Charge (Print here):負責人名稱(打字) | | | | |
| Signature of Person in Charge:負責人簽名 | | | | |

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