

GRADE EIGHT & DIPLOMA EXAMINATION ENTRY

VIDEO

PRACTICAL AND WRITTEN

Examination Series Please tick: 1 – May/June 2 – August/September 3 – October/November Year: 20

Teacher / Studio Information

Teacher No.: _____

Office use only: _____

Teacher OR Studio Name*: Dr/Mr/Mrs/Miss/Ms/Sr

*PLEASE USE THE NAME YOU WISH TO APPEAR ON THE CERTIFICATES.

Street Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Phone: () _____

Fax: () _____

Mobile: _____

Email: _____

If any of the above details have changed since your last entry, please tick this box.

Signature: _____ Name (please print): _____

THIS ENTRY FORM CONSTITUTES AN AGREEMENT TO ABIDE BY ANZCA REGULATIONS.

Examination Fees and Payment

Total fees of: \$ _____ enclosed by cheque / money order; **or** choose one of the following options.

Bank transfer – Account name: ANZCA; BSB: 633000; Account number: 157675638. Date: _____

IMPORTANT: PLEASE USE TEACHER SURNAME / STUDIO NAME AS THE BANK REFERENCE.

Visa **MasterCard** Card no.: _____ Expiry: _____ Signature: _____

Examination Centre – Please select **ONE** of the following options by ticking and completing one section.

1. Own Centre. Tick this box to have examinations at your own studio.

Centre Name / Address: _____

Are you willing to have other teachers' students scheduled at your studio? Yes No (Please tick)

Day/s of the week the studio is NOT available: _____

Any other constraints on the use of the studio: _____

2. Specific Centre. Tick this box to specify a particular examination studio.

Centre Name / Address: _____

If this is a private studio, do you have permission to use this centre? Yes No (Please tick)

3. Nearest Centre. Tick this box to have ANZCA assign your students to the centre closest to your area.

NOTE: SEE INFORMATION (OVERLEAF) REGARDING EXAMINATION CENTRES AND REQUESTS.

Examination Date Requests

- You may list below any days, dates or times during which students are **NOT** available for examination (ie. school camps/excursions/exams, holidays, religious constraints, etc.); however, requests are subject to the points listed in the **Information** section below.
- ANZCA does **NOT** schedule examinations during school holidays.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Information – Please note the following points.

- Practical diploma examinations will be set in the nearest capital city, unless otherwise arranged through the ANZCA office.
- Although every effort is made to accommodate studio requests, ANZCA can **NOT** guarantee to do so in all cases.
- Where an examination session involves country, interstate or overseas travel by an examiner, it may not be possible to accommodate all requests.
- Wherever possible, examination times will be set according to the information given above.
- Once set, any change to examination dates or times will incur a fee. It is the responsibility of the teacher and parent/guardian to ensure that **ALL** dates to be avoided are submitted on the above list.
- Application to change any set examination time must be made, to the office, by the **teacher**.
- It is the teacher's responsibility to ensure that parents/guardians are aware of these conditions **before** the entry is submitted.
- For full details, see the *ANZCA Examination Handbook and Information* manual, Regulations 24–28.

Special-Needs Students

- For any student with a medical or other condition (e.g. vision or hearing limitations, asthma or allergies, epilepsy, Autism Spectrum Disorder, etc.), please give details below, supported by a medical certificate if possible.
- This information should include how the condition may affect the examination process, and an action plan for the examiner. The ANZCA office will contact you for further information if necessary.
- For full details, see the *ANZCA Examination Handbook and Information* manual, Regulations 20–21.

Prerequisites and Examination Parts

- If prerequisites were not ANZCA examinations, copies of examination certificates, verified by a Justice of the Peace, must be submitted with this form for approval.

Prerequisite: _____	Date passed: _____	Result: _____
Prerequisite: _____	Date passed: _____	Result: _____

If the Diploma examination consists of more than one part, please indicate any sections already completed.

Part I	Date passed: _____	Result: _____
Part II	Date passed: _____	Result: _____
Part III	Date passed: _____	Result: _____

Will this examination complete the requirements for awarding the Diploma? Yes No (Please tick)

OFFICE USE ONLY	
Prerequisites passed:	Yes / No _____ Date: _____
Teacher Diploma	Folio received: _____ Passed: _____
Performer Diploma	Programme received: _____
	Programme Notes received: _____

