

WRITTEN EXAMINATION ENTRY

ALL GRADES

Examination Series Please tick: Series 1 – May Series 3 – October 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

Centre Name / Address: _____

Supervisor Information

Supervisor Name: Dr/Mr/Mrs/Miss/Ms/Sr _____

Address: _____

Postcode: _____

Phone: () _____ Mobile: _____ Email: _____

Information – Please note.

- The name and address of a supervisor will be necessary for all centres outside the metropolitan area. This supervisor must be a responsible member of the community, and must not be related to the teacher or candidate.

TEACHER NUMBER: _____

**If a pass in this examination entitles the student to receive a practical certificate being held by ANZCA, please tick the box and write in the pass date of the practical examination.*

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

SURNAME	<input type="text"/>	GRADE	FEE
		<input type="text"/>	<input type="text"/>
GIVEN NAMES	<input type="text"/>		
DATE OF BIRTH:	_____	* <input type="checkbox"/> DATE PASSED: _____	
LUI number:	_____ (Queensland QCE students only)		

TOTAL: \$ _____