

# WRITTEN EXAMINATION ENTRY

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## 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** paid by bank transfer to the following account:

Account name: ANZCA Limited; Bank: BNZ Auckland; BSB: 02-0100; Account number: 0020762-000. Date: \_\_\_\_\_

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

### 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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

TOTAL: \$ \_\_\_\_\_