

GRADE EIGHT & DIPLOMA EXAMINATION ENTRY

VIDEO

PRACTICAL AND WRITTEN

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.

Recording Venue – Please tick **ONE** of the following options.

1. Teacher's studio 2. Student's home 3. Other venue

Examination Date Requests

Requested exam date: _____ Start time: _____

NOTE: THE REQUESTED EXAM DATE MUST BE AT LEAST FOUR WEEKS AFTER THE ENTRY IS SUBMITTED.

Video File Upload

- I will upload: after each student
 at the end of the session

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

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.
- Wherever possible, examination times will be set according to teacher requests.
- Once set, any change to examination dates or times may incur a fee.
- 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: _____

