

PRACTICAL EXAMINATION ENTRY

VIDEO

INTRODUCTORY – GRADE SEVEN[†]

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

[†] **Grade Eight / Diploma** entry forms are available from the ANZCA office and website.

Information – Please note the following points.

- 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.

Examination Entries

TEACHER NUMBER: _____

NOTE: Certificates for Grades Six and Seven will **NOT** be posted unless the requisite and date are filled in.

SURNAME	[Grid for Surname]													INSTRUMENT	GRADE	FEE
	GIVEN NAMES	[Grid for Given Names]												Classical		
		Requisite (if applicable): _____												Modern		
	Date passed: _____															

SURNAME	[Grid for Surname]													INSTRUMENT	GRADE	FEE
	GIVEN NAMES	[Grid for Given Names]												Classical		
		Requisite (if applicable): _____												Modern		
	Date passed: _____															

TOTAL (THIS PAGE): \$ _____

TEACHER NUMBER: _____

FWD: \$ _____

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

SURNAME	<input type="text"/>		INSTRUMENT	GRADE	FEE
		Classical			
GIVEN NAMES	<input type="text"/>				
		Modern			
Requisite (if applicable): _____					
Date passed: _____					

TOTAL: \$ _____