

# GRADE EIGHT & DIPLOMA EXAMINATION ENTRY

## FACE-TO-FACE

### 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.*

**PayPal** to [www.paypal.me/ANZCA](http://www.paypal.me/ANZCA)

**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.

## 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.

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_____

## 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)

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

