

# PRACTICAL EXAMINATION ENTRY

## VIDEO

### INTRODUCTORY – GRADE SEVEN<sup>†</sup>

#### 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 Limited; BSB: 02-0100; Account number: 0020762-000. Date: \_\_\_\_\_

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

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

#### 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.

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**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): \$ \_\_\_\_\_



