

PRACTICAL EXAMINATION ENTRY

INTRODUCTORY – GRADE SEVEN[†]

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.

Visa **MasterCard** Card no.: _____ Expiry: _____ Signature: _____

NOTE: 1.5% SURCHARGE APPLIES TO CREDIT CARD TRANSACTIONS.

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. **Minimum examining time of 3 hours required.**

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.

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

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

TEACHER NUMBER: _____

FWD: \$ _____

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

SURNAME <input type="text"/>	INSTRUMENT	GRADE	FEE
	Classical		
GIVEN NAMES <input type="text"/>			
Requisite / Date passed (if applicable): _____	Modern		
LUI number & date of birth: _____ (Qld. QCE only)			

TOTAL: \$ _____