

WRITTEN EXAMINATION ENTRY

ALL GRADES

Examination Series Please tick: Series 1 – May Series 3 – October 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

Centre Name / Address: _____

Supervisor Information

Supervisor Name: Dr/Mr/Mrs/Miss/Ms/Sr _____

Address: _____

Postcode: _____

Phone: () _____ Mobile: _____ Email: _____

Information – Please note.

- The name and address of a supervisor will be necessary for all centres outside the metropolitan area. This supervisor must be a responsible member of the community, and must not be related to the teacher or candidate.

