ANZCA
MUSIC EXAMINATIONS

**Australian and New Zealand Cultural Arts Limited**
A.B.N. 12 006 692 039
Email: admin@anzca.com Web: www.anzca.com.au
Patron: **Mrs June McLean,** B.A.(La Trobe), ALCM

# GRADE EIGHT AND DIPLOMA ENTRY

## PRACTICAL AND WRITTEN

**Examination Series** Please tick: ☐ 1 – May (Written) ☐ 2 – September (Practical) ☐ 3 – October (Written) 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*** 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.*

**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.*

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

## 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.

## 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)*

**OFFICE USE ONLY**

Prerequisites passed: Yes / No Date:

**Teacher Diploma** Folio received: Passed:

**Performer Diploma** Programme received:

Programme Notes received:

**TEACHER NUMBER:** _____

| SURNAME | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GIVEN NAMES | | | | | | | | | | | | | | | | | | | |

Date of birth: _____

| | INSTRUMENT | GRADE | FEE |
|---|---|---|---|
| Classical | | | |
| Modern | | | |

| SURNAME | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GIVEN NAMES | | | | | | | | | | | | | | | | | | | |

Date of birth: _____

| | INSTRUMENT | GRADE | FEE |
|---|---|---|---|
| Classical | | | |
| Modern | | | |

**TOTAL: $** _____

## Programme

- The following section **must** be completed before the entry is submitted.
  Any changes to the programme must be submitted **in writing** to the office no later than 14 days prior to the examination date.

**GRADE EIGHT AND PRACTICAL DIPLOMA PROGRAMME – ENTRY 1**

*Composition* *Composer*

_____

_____

_____

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_____

**GRADE EIGHT AND PRACTICAL DIPLOMA PROGRAMME – ENTRY 2**

*Composition* *Composer*

_____

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**LICENTIATE COMPOSITION PART II – SELECTED WORKS**

*Composition* *Composer*

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