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

PRACTICAL EXAMINATION ENTRY

INTRODUCTORY – GRADE SEVEN†

Examination Series Series 2 – September 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.* ***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.

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.*

- 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.

TEACHER NUMBER: _____

NOTE: *Certificates for Grades Six and Seven will* **NOT** *be posted unless the requisite and date are filled in.*

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

TOTAL (THIS PAGE): $ _____

TEACHER NUMBER: _____

FWD: $ _____

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
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Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
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Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

SURNAME

GIVEN NAMES

Requisite (if applicable): _____

Date passed: _____

	INSTRUMENT	GRADE	FEE
Classical			
Modern			

TOTAL: $ _____