Australian Music Examinations Board

SA & NT PRACTICAL MUSIC ENTRY FORM

THE UNIVERSITY of ADELAIDE

1. EXAMINATION SESSION *Please refer to the Teacher's Handbook for dates and conditions*

	Venue		Venue
☐ Adelaide MARCH	*AMEB*	☐ Adelaide OCTOBER/NOVEMBER	*Teacher*
☐ Adelaide MAY	*Teacher*	☐ Mature Age NOVEMBER	*AMEB*
☐ Mature Age MAY	*AMEB*	☐ SA Country Region	*Teacher*
☐ Adelaide JULY	*AMEB*	☐ Darwin MAY	*Teacher*
☐ Hartley Bldg (Upright piano) JULY	*AMEB*	☐ Darwin OCTOBER	*Teacher*
☐ Adelaide SEPTEMBER	*AMEB*	☐ Alice Springs	*Teacher*
☐ Hartley Bldg (Upright piano) SEPT	*AMEB*		

UNSUITABLE EXAM DATES

UNSUITABLE EXAMINERS

CHANGE OF DETAILS ADVICE ☐ **YES** ☐ **NO**

2. TEACHER DETAILS

TEACHER ID

SURNAME TITLE

FIRST NAME MIDDLE

HOME ADDRESS

HOME SUBURB STATE POSTCODE

POSTAL ADDRESS

(if different from Home Address)

POSTAL SUBURB STATE POSTCODE

HOME PHONE MOBILE

WORK PHONE FAX

EMAIL ADDRESS

3. CANDIDATES *(Please print clearly and list Candidates in the order to be examined)*

CANDIDATE ID	FAMILY NAME	FIRST NAME	MIDDLE NAMES	GENDER	DATE OF BIRTH	SUBJECT CODE	SUBJECT	GRADE	FEE

Office Use Only: Slip: *Report:* *Certificate:* *Receipt No:* *Receipt Date:* TOTAL FEE $

4. EXAMINATION VENUE

☐ I GIVE PERMISSION TO USE MY OWN VENUE *(My home address)*

☐ I GIVE PERMISSION TO USE MY OWN VENUE *(Different address - details provided below)*

☐ NORTH TCE CAMPUS, ADELAIDE / CDU DARWIN *(Details below not required)*

☐ I CONFIRM THAT I HAVE BEEN GRANTED PERMISSION FOR MY STUDENTS TO USE THE FOLLOWING VENUE BY OWNER/MANAGER: *(Details provided below)*

NAME OF OWNER/MANAGER

PRIVATE VENUE CONTACT DETAILS

CONTACT PERSON

TELEPHONE FAX

EMAIL ADDRESS

POSTAL ADDRESS

POSTAL SUBURB STATE POSTCODE

5. SPECIAL NEEDS

☐ I HAVE ATTACHED A SEPARATE NOTE LISTING SPECIAL NEEDS (eg. disabilities, impairments, different instruments, etc)

Please place any unsuitable dates on the front of the form

PRIVATE VENUE LOCATION DETAILS *(Two Hour Minimum Examining Time Required)*

VENUE NAME

VENUE ADDRESS

VENUE SUBURB STATE POSTCODE

6. CREDIT CARD DETAILS *(Only Bankcard, Mastercard and Visa are accepted)*

Please note: The University of Adelaide cannot accept credit card data by email

PLEASE DEBIT MY ☐ BANKCARD ☐ MASTERCARD ☐ VISA

FOR THE AMOUNT $

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE ☐☐ / 2 0 ☐☐

NAME ON CARD

CARD HOLDER SIGNATURE DATE

7. TEACHER AUTHORISATION

This entry form is received on the understanding that the Teacher/s and Candidate/s are aware of and accept the regulations and information published in the current AMEB Manual of Syllabuses and SA and NT Teachers' Handbook.

TEACHER SIGNATURE

DATE

8. PAYMENT METHOD

PAYMENTS by post: AMEB, c/- THE UNIVERSITY OF ADELAIDE, SA 5005

PAYMENTS in person: AMEB OFFICE, 1ST FLOOR HARTLEY BUILDING, KINTORE AVENUE, ADELAIDE

☐ CREDIT CARD *(Please complete details above)*

☐ CHEQUE or MONEY ORDER *(Made Payable to "AMEB SA & NT" - One per Entry Form)*

☐ CASH - ACCEPTED IN PERSON ONLY *(Please DO NOT send cash in the mail)*