



SA & NT SPEECH PRACTICAL ENTRY FORM



1. Teacher Details

TEACHER ID

SURNAME TITLE

FIRST NAME MIDDLE

HOME ADDRESS

HOME SUBURB STATE POSTCODE

POSTAL ADDRESS

POSTAL SUBURB STATE POSTCODE

HOME PHONE MOBILE

WORK PHONE FAX

EMAIL ADDRESS

2. Examination Session

(Please select one Session)

Speech JUNE

All Venues arranged by Teachers.

Speech SEPTEMBER

Teachers requiring assistance with Venues are asked to contact the AMEB

3. Examination Venue

I GIVE PERMISSION TO USE MY OWN VENUE *(My Home Address)*

I GIVE PERMISSION TO USE MY OWN VENUE *(Different Address - Provide Details Below)*

ADELAIDE UNIVERSITY / 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: h) "

NAME OF OWNER/MANAGER

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

VENUE NAME

VENUE ADDRESS

VENUE SUBURB STATE POSTCODE

PRIVATE VENUE CONTACT DETAILS

CONTACT PERSON

TELEPHONE FAX

EMAIL ADDRESS

POSTAL ADDRESS

POSTAL SUBURB STATE POSTCODE

4. Special Needs

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

(Please check school camp dates, candidates' holidays and accompanist availability. Once set, exam times CANNOT be changed.)

UNSUITABLE EXAM DATES

(For many reasons, some Examiners may be unsuitable for your students eg. previous teacher, examiner, friend or colleague)

UNSUITABLE EXAMINERS

5. Candidates

(Please print clearly and
List Candidates in the Order to be Examined)

DRAMA & COMMUNICATION GROUP NAME *(One Group per Entry Form)*

CANDIDATE ID	FAMILY NAME	FIRST NAME	MIDDLE NAMES	GENDER	DATE OF BIRTH	SUBJECT CODE	SUBJECT	GRADE	FEE
<i>Office Use Only: Slip: Report: Certificate: Receipt No: Receipt Date:</i>								TOTAL FEE	\$

6. Payment Method

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

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

CREDIT CARD
(Please complete details below)

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)

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 / 20

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