

# SA & NT SPEECH PRACTICAL ENTRY FORM

CHANGE OF DETAILS ADVICE  YES  NO

## 1. EXAMINATION SESSION

(Please select one Session)

Speech JUNE

*All Venues arranged by Teachers.*

Speech SEPTEMBER

*Please refer to the Teachers' Handbook for dates and conditions*

UNSUITABLE EXAM DATES

UNSUITABLE EXAMINERS

## 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)

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

#### 4. EXAMINATION VENUE

- I GIVE PERMISSION TO USE MY OWN VENUE *(Details provided below)*
- I NEED HELP FINDING A VENUE
- 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

#### 6. CREDIT CARD DETAILS *(To be filled out for hard copy postal entries only)*

**Note: The University of Adelaide cannot accept credit card data by email. To email entry form, pay via online shop: [www.ameb.adelaide.edu.au](http://www.ameb.adelaide.edu.au), write the Order No. in box 8 and email to [ameb@adelaide.edu.au](mailto:ameb@adelaide.edu.au)**

PLEASE DEBIT MY  BANKCARD  MASTERCARD  VISA *(Bankcard, Mastercard and Visa Only)*

FOR THE AMOUNT \$

CARD NUMBER

EXPIRY DATE  / 20

NAME ON CARD

CARD HOLDER SIGNATURE  DATE

#### 5. SPECIAL NEEDS

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

*Please do not place date requests in this section*

#### PRIVATE VENUE LOCATION DETAILS

*Happy to host other candidates?* Y  N

VENUE NAME

VENUE ADDRESS

VENUE SUBURB  STATE  POSTCODE

#### 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 or NAME OF AUTHORISER (for Online entries)

DATE

#### 8. PAYMENT METHOD

**By post:** AMEB, c/- THE UNIVERSITY OF ADELAIDE, SA 5005 **In person:** AMEB OFFICE, 1ST FLOOR HARTLEY BUILDING, KINTORE AVENUE, ADELAIDE **Online:** [www.ameb.adelaide.edu.au](http://www.ameb.adelaide.edu.au)

CREDIT CARD  CHEQUE or MONEY ORDER  CASH - ACCEPTED IN PERSON ONLY  ONLINE PAYMENT \*

*(Please complete details above)* *(Made Payable to "AMEB SA & NT" - One per Entry Form)* *(Please DO NOT send cash in the mail)*

Order No.

\* One payment per entry form.  
Email form to [ameb@adelaide.edu.au](mailto:ameb@adelaide.edu.au)