

# ROCKSCHOOL EXAM SA & NT ENTRY FORM

Administered by the AMEB (SANT)

CHANGE OF DETAILS ADVICE     YES     NO

## 1. EXAMINATION SESSION

*(Please select one Session)*

- Rockscool JULY
- Rockscool OCTOBER/NOVEMBER\*

*\* Please note, there are no central venues available in November of the Rockscool OCT/NOV session.*

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)*

CANDIDATE ID	FAMILY NAME	FIRST NAME	MIDDLE NAMES	DATE OF BIRTH	GENDER	SUBJECT CODE	Instrument <i>(Please indicate Left or Right handed for Drum-Kit)</i>	GRADE	Exam Type <i>(Grade or Performance)</i>	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)