



INSTITUTE OF  
REGISTERED MUSIC TEACHERS  
OF NEW ZEALAND

## APPLICATION for REGISTRATION- From 2007

### A. PERSONAL INFORMATION

- 1 Name: Given Names \_\_\_\_\_  
 Family Name \_\_\_\_\_  
 Mr Mrs Miss Ms Other
- 2 Name for Year Book \_\_\_\_\_
- 3 Address \_\_\_\_\_  
 \_\_\_\_\_
- 4 Telephone \_\_\_\_\_ Fax \_\_\_\_\_
- 5 E-mail \_\_\_\_\_
- 7 Age \_\_\_\_\_ Date of birth \_\_\_\_\_
- 8 Length of residence in NZ \_\_\_\_\_ years

### B CATEGORIES

I wish to be registered in the following  
*(Please refer to the Application Guide Appendix)*

- 1 Practical i \_\_\_\_\_  
 ii \_\_\_\_\_  
 iii \_\_\_\_\_  
 iv \_\_\_\_\_
- 2 Theory i \_\_\_\_\_  
 ii \_\_\_\_\_

### C QUALIFICATIONS and MUSICAL EXPERIENCE

	Title	Year of award	Examining body
i	_____	_____	_____
ii	_____	_____	_____
iii	_____	_____	_____
iv	_____	_____	_____

*(Please use a separate sheet for musical experience)*

**D      TEACHING EXPERIENCE**

1a) For how many years have you been teaching, in each of the categories for which you are seeking registration?

	Category	number of years	when
i	_____	_____	_____
ii	_____	_____	_____
iii	_____	_____	_____

b) List the numbers of pupils you have taught, in each category for which you are seeking registration, during each of the last five years. This question refers to individual pupils - not classes or groups.

	Category	current year	previous years			
i	_____	_____	_____	_____	_____	_____
ii	_____	_____	_____	_____	_____	_____
iii	_____	_____	_____	_____	_____	_____

c) Briefly describe any group or class teaching you have done, similarly

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Approximately, how many hours per week do you teach private pupils?

\_\_\_\_\_

e) What is the highest level to which you have taught, in the last five years?

Practical \_\_\_\_\_

Theory \_\_\_\_\_

f) List some recent performance achievements by your pupils

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g) List some recent theory results from your pupils

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h) Enclose any further information that would help the Registration Board make a fair assessment of your teaching competence

**E LESSON OBSERVATIONS & REFEREES' STATEMENTS**

Three referee's statements are required.

**Persons related to the applicant are ineligible to act as referees.**

Note:- If you are receiving lessons from a member of the IRMT at the time of application then this teacher must be one of your referees.

**Please arrange to have two lessons observed.**

Your 1st Referee (an **IRMT** Associate or Fellow) must have observed you giving two lessons within one year of the date of the application

See Application Guide.

**Name of person observing** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**Name of 2nd referee** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**Name of 3rd referee** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

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**F     DECLARATIONS**

Have you ever been convicted of an offence against the law?     **Yes/No**  
If the answer is Yes you are asked to provide details in a sealed envelope.

1)     **Applicant's Declaration**

I do solemnly and sincerely declare that to the best of my knowledge and belief, all the information given above is entirely true and correct.  
Upon registration I agree to be bound by the terms of the Music Teachers' Act 1981, by the Rules of the Institute, and by the Code of Ethics as prescribed by the Council of the Institute.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** (Please print) \_\_\_\_\_

2)     **Witness's Declaration** (The witness must be one of the above referees - an IRMT Associate or Fellow)

My signature on the photocopies of qualifications enclosed verifies that I have sighted the originals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** (Please print) \_\_\_\_\_

**G     CLOSING DATES:           15th May     15th November**

<b>APPLICATION FEE:</b>		\$60.00
	<b>GST:</b>	<u>\$ 7.50</u>
	<b>TOTAL:</b>	<b>\$67.50</b>

**PLEASE MAKE CHEQUES PAYABLE TO:**

**IRMT OF NEW ZEALAND**

**SEND TO:**

Karen Edwards  
The Registrar  
P O Box 39116  
Wellington Mail Centre  
Lower Hutt 5045