



INSTITUTE OF  
REGISTERED MUSIC TEACHERS  
OF NEW ZEALAND

Roger Lloyd  
Registrar  
PO Box 12 166  
Thorndon, Wellington 6144

**REFEREE'S STATEMENT** from 2010

On: *(Applicant's name and address to be completed by Applicant)*

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Category/ies applied for \_\_\_\_\_

The person named above has applied for admission as a member of this Institute and has named you as a Referee. **Please note that persons related are ineligible to act as Referees.**

The Registration Board would be grateful if you would complete and **return this form directly to The Registrar** at the above address as soon as convenient.

The headings given indicate the aspects of the Applicant's ability, comments on which will be of particular assistance to the Board. Please cover these to the extent you feel able, but do not feel limited by them.

It is emphasised that the information and comments you supply will remain totally **confidential** to the Registrar and the Registration Board.

Referee's name \_\_\_\_\_  
PLEASE PRINT

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

IRMT Membership No. (if appropriate) \_\_\_\_\_

Qualifications \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Length and circumstances of acquaintance with Applicant

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

## PERSONAL QUALITIES

Please comment on aspects such as personality, integrity, dependability, stability, intellectual ability.

## MUSICAL ABILITIES

Performance standards, range of abilities, general musicianship.

TEACHING ABILITY AND EXPERIENCE

Please comment on any aspects of the Applicant's teaching ability and experience on which you feel able to express an opinion, such as manner, relationship with pupils, ability to communicate, breadth of teaching experience and perspective (with particular reference to categories applied for).

*Please continue on a separate page if necessary*

**This Applicant is in my opinion a suitable person to be considered for registration.**

**Yes / No**

*(circle one)*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please note: Closing Dates for applications, including Referee's Statements and Lesson Observations, is **15 May and 15 November**

**Thank you for your assistance.**

**Please forward the Lesson Observation forms together with your Referee's Statement to:**

**Roger Lloyd, Registrar, IRMTNZ, PO Box 12 166, Thorndon, Wellington 6144**

**Referees are advised to keep a copy of this Statement**