



INSTITUTE OF
REGISTERED MUSIC TEACHERS
OF NEW ZEALAND

**MEMBER'S APPLICATION FORM TO REGISTER IN
ADDITIONAL SUBJECTS**

A. PERSONAL INFORMATION [PLEASE PRINT]

Name: _____

Address: _____

_____ Post Code _____

Telephone: _____

Email: _____@_____

Age: _____ Date of birth: _____

Additional subject(s) in which you seek registration

Degrees, diplomas and certificates relevant to these additional
subjects

B. PERSONAL MUSIC COMPETENCE

Evidence of your personal level of achievement relative to this application is sought. A relevant degree or diploma may be sufficient evidence but if you do not hold such qualification, it will be necessary to give clear evidence of your ability.

C. COMPETENCE AS A TEACHER

This is the area in which the Board will require as much detailed information as you can provide.

1. How many years' experience have you in teaching the subject(s) of this application?

2. How many pupils have you taught in these subjects during each of the past five years?

3. What is the highest level of performance to which you have taught in these subjects?

4. List the achievements of your pupils in these subjects during the past five years.

5. Give any further information that would help the Board make a fair assessment.

D. REFEREES

1. One Lesson Observation* and a minimum of one Referees' Statement is required. It is your responsibility to give each of the referees of your choice the appropriate form (copies enclosed) with the request that they send the completed form direct to the Registrar. These statements are strictly confidential to the Board.

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

3. Your 1st Referee (an IRMT Associate or Fellow) must have observed you giving one lesson within one year of the date of the application.

*A Lesson Observation is required for all Practical Subjects. Applications for Theoretical Subjects require documentary evidence of teaching undertaken.

Names and addresses of referees:

1. _____

2. _____

E. DECLARATIONS

1. **Applicant's Declaration**

I declare that the above information is correct in all details.

Signed: _____

Date: _____

2. **Witness's Declaration:** I declare that the information set out above is, to the best of my knowledge true. My signature on any photocopies of qualifications enclosed verifies that I have sighted the originals.

Signed: _____

Date: _____

Applicants are advised to keep a copy of their application

APPLICATION FEE \$34.79
GST \$ 5.21
TOTAL \$40.00
PER SUBJECT

IRMT GST No. 21 - 071 - 161

**Send Application Form and
payment to:
The Registrar
P O Box 4122
Christchurch 8140
Fax: (03) 384 4639**

Paying electronically (preferred method):

National Bank
Account Name: IRMTNZ
Account No: 060501-0462799-00
Code: *your name*
Reference: "Add Subject"

Note: Please ensure you include your name so that we know who has sent us the payment

Paying by cheque: Please make cheques payable to IRMT of New Zealand