



INSTITUTE OF REGISTERED MUSIC TEACHERS OF NEW ZEALAND

APPLICATION for the status of STUDENT GRADUATE - from 2012

NB Please ensure that the form used has the year of application on it.

A PERSONAL INFORMATION PLEASE PRINT ALL INFORMATION

1. Given Names (underline most commonly used name)

Family Name (if using a name other than your legal name, please add this in brackets)

_____ (Please precede this with MR / MRS / MISS / MS / DR or other designation)

2. State complete preferred name for Listing (one first name or initials)

3. Address (maximum of three lines)

(No. & Street/PO Box) _____

(District/Suburb) _____

(City/Town) _____ Post Code _____

4. Name and Address of current teacher who can act as Referee

_____ Tel _____ Email _____

5. To include in listing: Tel (0) _____

Email _____ @ _____

Website _____

6. For IRMT use only: Mobile (0) _____

Fax No (0) _____ Private Tel (0) _____

7. Date of birth _____

8. NZ/Australian Citizen (tick one)

Residency Visa Length of residence in NZ ___ years

B1 MUSIC QUALIFICATIONS and MUSICAL EXPERIENCE INCLUDING ANY TEACHING

	Title of Certificate (& Abbreviation)	Year	Examining body
i	_____	_____	_____
ii	_____	_____	_____
iii	_____	_____	_____
iv	_____	_____	_____

(Please use a separate sheet for other qualifications and musical/ teaching experience)

B2 CATEGORIES

List the category / categories of music tuition for which you are seeking Student Graduate status (for example, Piano, Voice, Violin, Theory etc)

C DECLARATIONS

Have you ever been convicted of an offence against the law? **Yes / No** (circle one)
If the answer is 'Yes' you are asked to provide details in confidence.

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 being granted Student Graduate status 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) _____

D POLICE CHECK

In line with current practice in the teaching profession, IRMTNZ requires new applications to agree to a search of Ministry of Justice records for any convictions. An applicant must provide a copy of Ministry of Justice form **Priv/F2** (available on the IRMTNZ website) giving authority for such information to be provided to the IRMTNZ's Registrar. These details will remain strictly confidential.

APPLICATION FEE \$39.13
GST \$ 5.87
TOTAL \$45.00

IRMT GST No. 21 - 071 - 161

This application fee will remain at this rate until January 2013.

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: "Student Grad"

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

Applicants are advised to keep a copy of their application