



INSTITUTE OF  
REGISTERED MUSIC TEACHERS  
OF NEW ZEALAND

The Registrar  
P O Box 4122  
Christchurch 8140

**REFEREE'S STATEMENT** from 2012

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

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

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

Referee's Name \_\_\_\_\_  
PLEASE PRINT

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 \_\_\_\_\_

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 your Referee's Statement to:**

**The Registrar, P O Box 4122, Christchurch 8140**

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