|  |
| --- |
| RAD Approved Venue entry form RAV1 (2019) An RAV2 form must be completed for each vocational graded candidate and an RAV3 form must be completed for graded candidates |
|



PO BOX 245,   
Kings Cross,   
NSW, 1340  
T: (02) 9331 4111  
E: exams@rad.org.au

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part A – Registered school information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Part E – Summary of candidates and fees** | | | | | | | | | |
| Name of School | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Candidate ID** | **Given name** | **Family name** | **Member** | **Level e.g. IF** | **Exam type** | **Syllabus M/F** | **Fee** | **Office use** | |
| School ID | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Tel | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part B - Examination venue information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| RAD Approved Venue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| RAD Approved Venue ID (if known) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part C - Registered teacher details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
|  | Membership ID | | | | | | First name | | | | | | | | | | | | Family name | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 1 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 2 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 3 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 4 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 5 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Teacher 6 |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| **Part D – Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Name of Applicant | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Membership ID (if applicable) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Please select from the below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |
| Applicant | | | | |  | School principal | | | | | | | | | | | | |  | | |  | | | | | | | | **Total candidates (non-members):** | | | |  | | **Sub-total fees:** | |  | |
| Teacher (select as per number above) | | | | | | | | | | 1 |  | | 2 |  | | 3 | |  | | 4 | | |  | 5 | |  | 6 | |  | **Total candidates:** | | | |  | | **Total fees:** | |  | |
| Address for correspondence and delivery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Part F – Signature of Applicant** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Postcode | |  | | | | | | | | | | Tel | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Impossible dates for delivery | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| I am happy for a neighbour to receive my delivery | | | | | | | | | | | | | | | | | Yes | | | |  | | | | No | | |  | | **Name of Applicant Date** | | | | | | | | | |