

NEW ZEALAND SUZUKI INSTITUTE
Application Form
for NZSI accreditation of teacher training taken overseas

Name: _____

Address: _____

E-Mail: _____

Telephone: _____

Instrument: _____

Training Details:

Location and date (month/year) of training _____

Name of Teacher Trainer _____

Which Suzuki Book/s studied? _____

How many hours of training for each book? _____

How many hours of observations at each book? _____

Please include with this application a copy of the records of your training signed by the Teacher Trainer or Institute where the course of study was completed.

Are you a current teacher member of NZSI? Yes / No

A short Curriculum Vitae enclosed? Yes / No
(Required if all training has been undertaken overseas)

For PAG to complete:

Are the training details listed above comparable to the NZSI training programme?
Yes / No

Application to be accepted and training accredited contingent on successful
assessment? Yes / No

Send completed form to: NZSI, P.O. Box 74-092, Market Road, Auckland