



Kodály Music Education Institute of Australia, Inc.

Application for Award of the Australian Kodaly Certificate

Today's Date: _____

Contact Details

Title : _____ First Name: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Alternate Phone: _____

Email: _____

Please select your area of specialisation

Type of Award

Early Childhood Primary Secondary

Your Studies

Please list Kodály related studies you have completed. These studies must be completed with an accredited course provider and you must have successfully completed all the prescribed units from the National Curriculum to be eligible for this award. Please attach certified copies of your transcripts or certificates which substantiate this.

Date	Provider	Course

Optional

Please attach any other information you feel is relevant to this application

Forward this form to

KMEIA Education Committee
Ms Tess Laird
2 Qantas CRT,
Toowoomba, QLD 4350