

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