



Chinese Language Teachers' Association of Western Australia

2016 STATE CHINESE BACKGROUND STUDENTS' STORY TELLING COMPETITION

2016 华裔中小學生讲故事大赛

Saturday, 2nd April 2016

2:00pm – 4:00pm

Venue: Murdoch Lecture Theatre UWA

Eligibility

- All Primary, Secondary and Community School Chinese background students

Competition Categories

Category 1: 4-5 years old, 2 mins

Category 2: 6-7 years old, 2 mins

Category 3: 8-9 years old, 3 mins

Category 4: 10-11 years old, 3 mins

Category 5: 12-13 years old, 4 mins

Category 6: 14-15 years old, 4mins

Category 7: 16-17 years old, 4mins

maximum of two contestants from each primary and/or secondary school regardless of category.

Judging Criteria

- **CONTENT – 10 marks**
 - The content of the story must be appropriate to the contestant's language level
 - Treatment of the story
 - Structure of story development
 - Suggested forms: 寓言, 童话, 成语故事, 民间故事, 自编故事
 - **PRONUNCIATION – 15 marks**
 - Accuracy of Sound – Tones
 - **FLUENCY – 10 marks**
 - Phrasing - Intonation - Pausing – Emphasis – overall fluency of the delivery of the story
 - **PRESENTATION – 15 marks**
 - Feeling & Expression / Gestures
 - Timing (1 – 2 marks to be deducted for any over time)
- * Use of prop/s*
- *must be manageable by the contestant himself/herself (otherwise, 2 marks will be deducted)*
 - *will result in no additional mark*

Competition Rules & Conditions

- The judges' decision is final and no discussion will be entered into.
- Categories with less than 3 contestants registered will not run.
- Late comers who arrive after their category has finished competing will not be permitted to participate in the competition.
- Contestants are not to wear school uniform or to have their school name mentioned in the story.
- Number of contestants allowed per school for each category will be strictly adhered to.
- Teacher is a current financial member of CLTAWA

Registration Closing Date: Friday, 11th March 2016

- CLTAWA takes no responsibility for entries that are late or misdirected mail. Late entry or entries posted after 11th March 2016 will not be accepted.
- Completed registration forms to be scanned and emailed to cltawa.perth@hotmail.com
Or mailed to: Bull Creek LPO
PO Box 252
Bull Creek WA 6149
- Please provide a printout of the story for each contestant with his/her application.
For further enquiries please contact Speaking Competition Coordinator: Dr Hua LI
(cltawa.perth@hotmail.com)

Chinese Language Teachers' Association of Western Australia
2016 STATE CHINESE BACKGROUND STUDENTS'
STORY TELLING COMPETITION
2016 华裔中小學生讲故事大赛

Registration Form

Name of Contestant (*please print in **BLOCK LETTERS***)

Family Name: Given Name:

Chinese Name: Gender:

Date of Birth: Age:

Name of School Entering Contestant:

Name of Day School Contestant Attends:

Title of Story (Chinese):

Name of Teacher: Teacher 's Contact Number:

Teacher's Email:

Attachment of story (please make sure you attach a copy of the story)

Completed forms and a copy of the story can be handed to your language/LOTE teacher

CLOSING DATE: Friday, 11th March 2016

Chinese Language Teachers' Association of Western Australia

2016 STATE CHINESE BACKGROUND STUDENTS

STORY TELLING COMPETITION

2016 华裔中小學生讲故事大赛

Consent Form

I, _____(name of parent/carer), parent/carer

of _____ (name of contestant) from _____

_____ (name of the school entering contestant)

in year _____ agree to allow my child/ward to participate in the 2016 State Chinese Background Students Story Telling Competition organised by the Chinese Language Teachers' Association of Western Australia (CLTAWA). I **give/ do not give** permission for CLTAWA to use my child's photos, videos and name in school and community publications as well as education related media releases.

I am aware of the following information:

- Event: 2016 State Chinese Background Students Story Telling Competition
- Date: Saturday, 2nd April 2016
- Time: 2:00am – 4:00pm
- Venue: Murdoch Lecture Theatre, UWA

and agree to provide transportation for my child/ward to and from the venue.

My contact details are:

Mobile: _____

Email: _____

Parent's Name (Print)

Parent's Signature

Date: _____