

ENROLMENT FORM

Enroller No:



ENROLLER DETAILS	<input type="checkbox"/> I am a new enroller	<input type="checkbox"/> My contact details have changed
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School/ Enroller name:	Email Address:	
Address:	Phone No.:	Session No:
Suburb:	Post code:	Preferred Centre:

PAYER DETAILS (must be completed)			
Name of card holder:	Email Address:	Phone No:	Date:

OFFICE USE ONLY

Sale ID:	Session No:	BPoint No:	Date:
Receipt/EFT No:	Date:	Customer Service Officer Signature:	

Candidate ID	Surname	Given Name	Gender	DOB	LUI No.	Subject Code	Subject/Syllabus	Grade	Fee
			M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>						

M – Male F – Female X – Indeterminate/intersex/unspecified

TOTAL

Dates to avoid: (preferred days will not be actioned)	Individual Needs: (supporting medical document to be provided at enrolment)	<input type="checkbox"/> Consent to share Individual Needs requirements with AMEB Qld staff
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Special Requests: (conflicts of interest with examiners (relative, family friend, teacher within the last two years))

NB: A \$49 late fee applies to all enrolments **excluding Video Repertoire examinations** received or paid up to 14 days after the published session closing date and time. Ts & Cs apply. For the full policy please refer to the [AMEB Qld Enrollers' Handbook](#)