

Enrolment Form

ENROLLER ID: _____

SESSION: _____

CENTRE: _____

T&Cs:

AT THE TIME OF ENROLMENT, IT IS IMPERATIVE THAT ALL ENROLLERS CHECK THE ACCURACY OF ALL DETAILS ON THE ENROLMENT FORM INCLUDING CANDIDATE NAME (WRITTEN AS IT WILL APPEAR ON THE CERTIFICATE), ENROLLER ID, SUBJECT CODE AND SUBJECT NAME, AS ANY CHANGES MADE AFTER THE INITIAL ENROLMENT WILL INCUR A FEE OF \$20. DIFFERENCES IN EXAMINATION FEES AND ADDITIONAL FEES TO RE-ISSUE A CERTIFICATE AFTER A CHANGE OF NAME, MAY STILL APPLY.

Please be advised only complete forms can be processed.

LATE FEES: A \$40 late fee applies to all enrolments received or paid up to 14 days after the published session closing date and time.

WAIT LIST FEES: Late entries after 14 days of the closing date are only accepted at the discretion of the AMEB Qld State Manager and are subject to the availability of examiners and exam venues, and upon payment of the \$80 Wait List Fee.

TRANSFER FEES: Candidates may apply to reschedule exams upon receipt of a transfer request form and payment of a transfer fee equivalent to half the original exam cost.

OFFICE USE ONLY

Sale ID: _____

Session No: _____

Centre No: _____

School/Enroller Name: _____

I am a new enroller My contact details have changed (If you ticked any of these boxes please fill in your contact details below)

Street Address: _____ Email Address: _____

Suburb: _____ State: _____ Postcode: _____ Phone: _____

Candidate ID	Surname	Given Names	Gender	DOB	LUI Number	Subject ID	Subject/Syllabus	Grade	Fee
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						

TOTAL

Special Requests:

(eg. candidates are to be grouped together; a candidate has been taught by an examiner, examiner is a relative or a family friend;)

Dates to Avoid:

(Requests to schedule at the end of any session & preferred dates will not be actioned)

Special Needs:

(Please attach current medical documentation)

AMEB State Office, PO Box 21,
Ashgrove Q 4060
Phone: (07) 3634 0933 Email:
payments.ameb@ged.qld.gov.au

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CREDIT CARD PAYMENT

PAYMENT TO:

Australian Music Examinations Board (Qld).

ABN 76 337 613 647

PO Box 21, Ashgrove Qld 4060

Payment from:

Enroller ID	Full name	Contact number
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Payment details:

Please debit my card with the amount of:	\$ _____
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Card number		Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name on Card		Card type	Visa <input type="checkbox"/> / Mastercard <input type="checkbox"/>

Signature: _____

Date: _____

NOTE: This form will be securely stored in the AMEB (Qld) State Office and securely destroyed after the transaction has been completed.