

# STATEMENT OF RESULTS REQUEST FORM

## HOW TO USE THIS FORM:

1. Complete all required fields.
2. Send the form to [payments.ameb@qed.qld.gov.au](mailto:payments.ameb@qed.qld.gov.au)
3. AMEB Qld will email you a BPoint link for payment.
4. Your request will be processed after full payment and all details are received.
5. Statement of Results will be sent by email only.

### 1. I am a candidate/ parent/ guardian requesting a candidate's Statement of Results

CANDIDATE DETAILS	
Candidate No:	Candidate Name:

Candidate Statement of Results Fee: \$11

### 2. I am an AMEB Qld enroller requesting a teacher Statement of Results

ENROLLER DETAILS	
Enroller No:	Enroller Name:

Please specify the period of Statement of Results you want to receive:

Period	Fee
<input type="checkbox"/> One year	\$17
<input type="checkbox"/> Specific period (please specify):	\$17 for first year + \$11 per additional year

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

OFFICE USE ONLY			
Sale ID:	BPoint No:	Amount:	BPoint Date:
Receipt No:		Date Payment received:	
Customer Service Officer Signature:			

Ts & Cs apply. For the full policy please refer to the [AMEB Qld Enrollers' Handbook](#)