

Enroller No:

WAITLIST ENROLMENT FORM

ENROLLER DETAILS				<input type="checkbox"/> I am a new enroller		<input type="checkbox"/> My contact details have changed		
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:

Candidate ID	Surname	Given Name	Gender	DOB	LUI No.	Subject Code	Subject/Syllabus	Grade	Fee
			M F X						
			M F X						
			M F X						
			M F X						
			M F X						

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
Special Requests: (conflicts of interest with examiners (relative, family friend, teacher within the last two years))		

NB: A \$92 waitlist fee applies 14 days after the session close date. Ts & Cs apply. For the full policy please refer to the [AMEB Qld Enrollers' Handbook](#)

OFFICE USE ONLY

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