

# ENROLMENT FORM

Enroller No:



<b>ENROLLER DETAILS</b>	<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:

<b>PAYEE DETAILS (must be completed)</b>			
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 ID	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**

<b>Dates to avoid:</b> (preferred days will not be actioned)	<b>Individual Needs:</b> (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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<b>Special Requests:</b> (conflicts of interest with examiners (relative, family friend, teacher within the last two years))
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**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](#)

# 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.