

WAITLIST ENROLMENT FORM

Enroller No:



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:		
PAYEE 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 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

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))					

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