

Teacher Number



**Australian**  
**Music**  
**Examinations**  
**Board (Vic) Ltd**

# ‘AMEB CONNECT’ ACCESS AUTHORISATION FORM (FOR SCHOOLS)

Special *AMEB Connect* access arrangements apply to schools. Each school (or campus) needs to appoint a representative to be given access rights to *AMEB Connect*. A member of the school’s management team (e.g. the Director of Music) will be required to complete this access authorisation form. Upon receipt of this form, AMEB Victoria will issue a User Name and Password to the school’s authorised representative.

On *AMEB Connect*, schools have been set up with blank fields for **Title, Sex, Date of Birth**; and have been identified by a period (full stop) in the **First Name** field and the name of the school (or campus) in the **Family Name** field. The authorised user must NOT change any of the abovementioned fields.

The authorised user MAY change any of the following fields, as required: any of the **Phone Number** fields, **Fax Number, Email Address, Actual (Street) Address, Mail Address** (noting that the changes will apply to all AMEB communication with the school/campus from that time onwards.)

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## AUTHORISED USER DETAILS

(This person will be established as the primary contact for the particular school/campus.)

NAME OF SCHOOL (CAMPUS): .....

NAME OF AUTHORISED USER: .....

PHONE (BUSINESS): ..... PHONE (MOBILE OR HOME): .....

FAX: ..... EMAIL ADDRESS: .....

## AUTHORISATION

I, ..... (name of authorising person),

as .....(position held)

of .....(name of school/campus)

hereby appoint .....(name of authorised user)

as the primary AMEB contact for the school and with the authority of the school to access *AMEB Connect* to review the school’s enrolments and examinations information and to amend the school’s contact details if required.

Signed: ..... Date: .....