

PRACTICAL EXAMINATION ENROLMENT FORM

To ensure correct completion of this enrolment form please refer to the Enrolment forms section of the 2017 VIC Enrolment Handbook.

<p>Teacher</p> <p>Number (if known) _____</p> <p><input type="checkbox"/> I am a Teacher</p> <p><input type="checkbox"/> Private Entry</p> <p><input type="checkbox"/> I have changed address</p>	<p>Teacher / Person Enrolling Candidate (must be 18 or older)</p> <p>Title _____ First name _____</p> <p>Surname _____ DOB _____</p> <p>Address _____</p> <p>Suburb _____ State _____ Postcode _____</p> <p>Phone (____) _____ Mobile _____</p> <p>Email Address _____</p>
<p>Examination Series Required (tick one only)</p> <p><input type="checkbox"/> 1st Metropolitan Session (Series 1)</p> <p><input type="checkbox"/> 2nd Metropolitan Session (Series 2)</p> <p><input type="checkbox"/> 3rd Metropolitan Session (Series 3)</p> <p><input type="checkbox"/> 4th Metropolitan Session (Series 4)</p> <p><input type="checkbox"/> 5th Metropolitan Session (Series 5)</p> <p><input type="checkbox"/> 1st Country Session (Series 7)</p> <p><input type="checkbox"/> 2nd Country Session (Series 8)</p> <p><input type="checkbox"/> 1st Licentiate Session (Series 9)</p> <p><input type="checkbox"/> 2nd Licentiate Session (Series 10)</p> <p><input type="checkbox"/> 1st Special Subjects (Series 11)</p> <p><input type="checkbox"/> 2nd Special Subjects (Series 12)</p>	<p>Private Studio - Please tick studio arrangement (if applicable)</p> <p>My studio is available for: <input type="checkbox"/> my own candidates and others OR <input type="checkbox"/> my own candidates only <input type="checkbox"/> Weekdays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays</p> <p><input type="checkbox"/> I have made arrangements for my candidates to be examined at the following studio:</p> <p>Owner Name _____ Teacher Number _____</p> <p>Studio Name _____</p> <p>Studio Address _____</p> <p>Suburb _____ State _____ Postcode _____</p> <p>Phone (____) _____</p>
<p>Examination Area (Country)</p> <p>Please specify your preferred examination centre.</p> <p>.....</p>	<p>Fees: Please note: Cash transactions are not accepted. Include enrolment fees, transfer fees and late fees (if applicable)</p> <p>I enclose my cheque / money order for \$ _____ payable to AMEB (VIC).</p> <p>Credit Card Type (please circle) Mastercard / Visa</p> <p>Card Number: _____ Expiry Date: ____/____/____</p> <p>Name on Card: _____</p> <p>I authorise the AMEB (VIC) to charge my credit card for \$ _____</p> <p>Signature: _____ Date: ____/____/____</p>
<p>Certification</p> <p>Please enrol for examination the candidates whose particulars are attached. The candidates, their teachers and I are aware of and accept the policies, regulations and examination requirements published in the current AMEB Manual of Syllabuses and the current AMEB Victoria Teachers' Handbook. I certify that I am at least 18 years of age. (Certification MUST be signed for the enrolment to be processed.)</p> <p>Name of enrolling person (PRINT): _____ Signature: _____ Date: ____/____/____</p>	

Note:

- REL - If your candidate **CANNOT** be examined on a **SATURDAY** for religious reasons, please write '**S**' in the column marked '**REL**'
- REL - If your candidate **CANNOT** be examined on a **SUNDAY** for religious reasons, please write '**U**' in the column marked '**REL**'
- REL - If your candidate **CANNOT** be examined on both **SATURDAY** and **SUNDAY** for religious reasons, please write '**B**' in the column marked '**REL**'
- SR - If your candidate has a special request for examination scheduling please tick the column marked '**SR**' and provide details at the bottom of this form.

CANDIDATE DETAILS

CANDIDATE NUMBER	Title	GIVEN NAMES	SURNAME	Date of Birth	S E X	R E L	S R	SUBJECT CODE	SUBJECT	GRADE	FEE
										Total	

Special Request (keep brief and attach additional letter if necessary):
