

Teacher Code



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

## SPECIAL NEEDS REQUEST

PLEASE REFER TO THE SPECIAL NEEDS POLICY AND PROCEDURES DOCUMENT ON THE AMEB VICTORIA WEBSITE ([www.ameb.unimelb.edu.au](http://www.ameb.unimelb.edu.au)) BEFORE COMPLETING THIS FORM.

### Teacher's Details:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

### Candidate's Details:

CANDIDATE NAME: \_\_\_\_\_

CANDIDATE NUMBER: \_\_\_\_\_

### Examination Details:

SUBJECT: \_\_\_\_\_ GRADE: \_\_\_\_\_

SESSION: \_\_\_\_\_ CENTRE: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

SUPPORTING DOCUMENTATION ATTACHED (tick):

I hereby give permission for information about the candidate's special needs to be provided to the examiner.

SIGNATURE\*: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Signature of candidate if 18 or older, otherwise a parent or guardian.

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