ENROLMENT FORM

TRANSFER FEES: CHANGE OF ENF	_Candidates may app ROLMENT FEES: At th	oly to reschedule exam te time of enrolment, it	s upon receipt on the sign of	of a transfer requi hat all enrollers ch		a transfer fee equivalent to s of the enrolment form in			en as it will	- <u>Enroll</u>	<u>er No:</u>	
FC	R OFFICE USI	E ONLY	ENROL	LER DETA						-		
Sale ID: Session ID: Centre:			☐ I am a new enroller ☐ My contact details have cha									
			School/ Enroller name: Address:						Post code:			
									1			
			Email Address:						Phone No.:			
			Preferred centre:			Session ID:						
PAYEE DE	TAILS (for BI	Point only)				•						
Name of car									Phone No.:			
Email Addre	ess:		Date:					Date:				
Candidate ID	Surname	Given Name	Gender	DOB	LUI Number	Subject ID	Subject/Syllabus		S	Grade	Fee	
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						ı l				<u>TOTAL</u>		
Dates to avoid: (preferred days will not be actioned) Special Requests: (tell us if you wish to group candidate						provided)		ual Needs red	quirements	with AMEB Qlo	d staff	





Creating future artists through music, speech and drama.

Credit Card Payment

PAYMENT TO:

Australian Music Examinations Board (Qld). ABN 76 337 613 647 PO Box 21, Ashgrove Qld 4060

Please be advised only complete forms can be processed.

<u>LATE FEES</u>: A \$45 late fee applies to all enrolments received or paid up to 14 days after the published session closing date and time.

<u>TRANSFER FEES:</u> Candidates may apply to reschedule exams upon receipt of a transfer request form and payment of a transfer fee equivalent to half the original exam cost.

<u>CHANGE OF ENROLMENT FEES:</u> At the time of enrolment, it is imperative that all enrollers check accuracy of all details of the enrolment form including candidate name (written as it will appear on the certificate), enroller ID, subject code and subject name, as any changes made after the initial enrolment will incur a fee of \$30.

Payment from:									
Enroller ID	Full name	:	Contact number						
Payment details:			_						
Please debit my card w	ith the amount of:	\$							
Card number				Expiry Date					
Name on Card				Card type	Visa / Mastercard				
Signature:			Date:						

NOTE: This form will be securely stored in the AMEB Qld State Office and securely destroyed after the transaction has been completed.