TEACHER CONSULTANCY ENROLMENT FORM



HOW TO USE THIS FORM:

- Education
- Complete the personal details information below
 Send the form to payments.ameb@qed.qld.gov.au
- 3. An AMEB Qld state office employee will be in touch with a BPoint for payment
- 4. Upon receipt of payment your request will be processed

Teacher/Enrolle	er Name:			nroller No.: applicable)	
Nominated Exar	m Session:				
(Regional Teacher Conheld within exam session					
Dates enroller is	•				
Duration: (Minimur minute increments if red		Hours N	Minutes		
Pricing (per cons	sultancy): \$95 for fire	st hour then \$35 for each s	ubsequent	30 minute block.	
Instrument:					
Subject:					
Grade:					
Specific Questions for Examiner – please provide your questions for the examiner in the space below					
PAYEE DETAILS	6 (for BPoint only)				
Name of card holder:				Phone No.:	
Email Address:				Date:	
		OFFICE USE ONL	Y		
Sale ID:	BPoint No:			BPoint Date:	
Receipt No:			Date Payment received:		

