

# WAIT LIST FORM



Department of  
Education

**Wait list policy:** A Wait list fee of \$85 per candidate applies 14 days after the enrolment close date. Wait list applications are considered at the discretion of the AMEB Qld State Manager, only upon completion of the wait list form and payment of the fee.

Applications are subject to the availability of examiners and examination venues.

## HOW TO USE THIS FORM:

1. Complete the payment details information below
2. Complete the enrolment form on next page
3. Send both pages to [payments.ameb@qed.qld.gov.au](mailto:payments.ameb@qed.qld.gov.au)
4. An AMEB state office employee will be in touch with a BPoint for payment
5. Upon receipt of payment and approval of the State Manager, your request will be processed.

PAYEE DETAILS (for BPoint only)		
Name of card holder:		Phone:
Email Address:		Date:

OFFICE USE ONLY		
Sale ID:	BPoint No:	BPoint Date:
Receipt No:		Date Payment received:

Approved by State Manager: \_\_\_\_\_

Date of approval: \_\_\_\_\_

# ENROLMENT FORM

**Enroller No:**

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

**TRANSFER FEES:** 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.

**CHANGE OF ENROLMENT FEES:** 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.

## FOR OFFICE USE ONLY

Sale ID:

Session ID:

Centre:

## ENROLLER DETAILS

☐ I am a new enroller

My contact details have changed

School/ Enroller name:

Address:

Post code:

Email Address:

Phone No.:

Preferred centre:

Session ID:

## PAYEE DETAILS (for BPoint only)

Name of card holder:

Phone No.:

Email Address:

Date:

Candidate ID	Surname	Given Name	Gender	DOB	LUI Number	Subject ID	Subject/Syllabus	Grade	Fee
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						
			M <input type="checkbox"/> F <input type="checkbox"/>						

**TOTAL**

**Dates to avoid:** (preferred days will not be actioned)

**Individual Needs:** (supporting medical document to be provided) ☐ Consent to share Individual Needs requirements with AMEB Qld staff

**Special Requests:** (tell us if you wish to group candidates together, conflicts of interest with examiners (relative, family friend, teacher within the last two years))