# PRACTICAL EXAMINATION ENROLMENT FORM

To ensure correct completion of this enrolment form please refer to the Enrolment forms section of the 2009 VIC Teachers' Handbook.

**Teacher**

Number (if known)

☐ I am a Teacher

☐ Private Entry

☐ I have changed address

**Teacher / Person Enrolling Candidate (must be 18 or older)**

Title | First name

Surname | DOB

Address

Suburb | State | Postcode

Phone ( ) | Mobile

Email Address

**Document Number/Payment ID**

(for office use only)

Enrolment form is:

☐ 1 week late

☐ Over 1 week late

**Examination Series Required** (tick one only)

- ☐ 1st Metropolitan Session (Series 1)
- ☐ 2nd Metropolitan Session (Series 2)
- ☐ 3rd Metropolitan Session (Series 3)
- ☐ 4th Metropolitan Session (Series 4)
- ☐ 5th Metropolitan Session (Series 5)
- ☐ 1st Country Session (Series 7)
- ☐ 2nd Country Session (Series 8)
- ☐ 1st Licentiate Session (Series 9)
- ☐ 2nd Licentiate Session (Series 10)
- ☐ 1st Special Subjects (Series 11)
- ☐ 2nd Special Subjects (Series 12)

**Examination Area (Country)**

**Please specify your preferred examination centre.**

_____

**Private Studio - Please tick studio arrangement (if applicable)**

My studio is available for ☐ my own candidates and others **OR** ☐ my own candidates only

My studio is available on (tick if applicable) ☐ Weekdays ☐ Saturday

☐ I have made arrangements for my candidates to be examined at the following studio:

Owner Name | Teacher Number

Studio Name

Studio Address

Suburb | State | Postcode

Phone ( )

**Fees:** Please note: Cash transactions are not accepted. Include enrolment fees, transfer fees and late fees (if applicable)

I enclose my cheque / money order for $ _____ payable to AMEB (VIC).

Credit Card Type (please circle) Mastercard / Visa

Card Number: |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___| Expiry Date: ____ / ____

Name on Card: _____

I authorise the AMEB (VIC) to charge my credit card for $ _____

Signature: _____ Date: ____/____/____

**Certification**

I agree to abide by the regulations in the current AMEB (VIC) Teachers' Handbook and Manual of Syllabuses and the policies on the AMEB (VIC) website. I certify that I am at least 18 years of age.

Signature: _____ Date: ____/____/____ Certification **MUST** be signed for enrolment to be processed.

**NOTE:** REL - If your candidate **CANNOT** be examined on a **SATURDAY** for religious reasons, please write **'S'** 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 | SEX | REL | SR | SUBJECT CODE | SUBJECT | GRADE | FEE |
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Special Request (keep brief and attach additional letter if necessary):



Please return to AMEB (Vic) Ltd, 259 Auburn Road, HAWTHORN VIC 3122