



Australian

Music

Examinations

Board (WA)



THE UNIVERSITY OF
WESTERN
AUSTRALIA

Supervisor Confidentiality Statement

This form must be completed by the Supervisor on the day of a Recorded Repertoire (Video) Exam and returned to the AMEB (WA), accompanying the exam recording. The Supervisor should be aged 18 years or older and must be present for the duration of the exam recording.

All instructions must be followed to uphold the integrity of the assessment process and ensure all candidates are treated fairly and equitably.

Name of Candidate: _____

Exam Date: _____ Exam Key: _____

Instrument: _____ Grade: _____

I declare that the following process was undertaken to ensure equity and integrity of the exam and assessment process:

1. The Candidate performed all required exam components in a single, continuous recording.
2. The Candidate was not assisted or coached during their exam performance in any way.
3. I confirm that no collusion, interference, cheating or other inappropriate behaviour occurred during the exam recording.

Supervisor Name: _____

Signature: _____

(Please include a signature, not just a typed name)

Date: _____

Mobile No: _____

Any other notes the Supervisor may like to provide to the AMEB (WA) Office: