### **EXAMINATION ENROLMENT FORM**

**PLEASE NOTE: WRITTEN AND PRACTICAL ENTRIES MUST GO ON SEPARATE FORMS!**

**PRACTICAL EXAMINATION REQUIRED:**
- [ ] Metropolitan
- [ ] Country
- [ ] Diploma

1. Preferred exam centre: _________________________________

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**ENROLLER DETAILS:** (ALL CORRESPONDENCE WILL BE SENT TO THE ADDRESS BELOW)

- **Title:** ___________
- **Name:** ________________________________________________________________
- **Address:** ____________________________________________________________________________
- **Postcode:** ____________
- **Phone (Home):** _______________________________ (Mobile) _________________________________
- **Email:** __________________________________________________________________________________

- [ ] Is this a change of address since your last entry?

Please indicate if enrolment submitted by:
- [ ] School
- [ ] Private Teacher
- [ ] Self Entry (Name of Teacher: ____________________________)

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**PLEASE REFER TO THE CURRENT EXAMINATION TIMETABLE FOR FEES, CHARGES AND ENROLMENT CONDITIONS.**

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<tr>
<th>Date of Birth</th>
<th>Sex (M/F)</th>
<th>Surname</th>
<th>Given Names (in order)</th>
<th>Telephone</th>
<th>Subject Code</th>
<th>Grade</th>
<th>Subject²</th>
<th>N/O³</th>
<th>Selected Week Number</th>
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2. Where the subject is ‘for Leisure’, please add the words ‘for Leisure’.

3. Where a new (N) syllabus is available in parallel with an old (O) one, please indicate ‘N’ or ‘O’ in the column provided.

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**DECLARATION:**
I accept all AMEB policies relating to the conduct of examinations as outlined in the current Manuals of Syllabuses. I also accept all AMEB(WA) policies as outlined on the State website and current AMEB Examination Timetable.

**Signature:** ____________________________________________________________________ **Date:** _________________________________

*(THIS ENROLMENT WILL NOT BE ACCEPTED UNLESS SIGNED)*

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**SECURITY CAMERAS:**

Please be aware that AMEB (WA) uses closed circuit television (CCTV) (video only) in its examination and warm-up rooms on the Claremont campus in order to protect candidates, examiners and supervisors, and to comply with industry standards and expectations concerning child protection legislation.

By entering the examination/warm-up room, the candidate agrees to being recorded.

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**TOTAL AMOUNT DUE:** $ __________________________

**FORM OF PAYMENT:**
- [ ] Cash
- [ ] Cheque
- [ ] Credit card

* Please make cheque payable to UWA

** IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CONTACT THE WA STATE OFFICE ON 6488 3059