

EXAMINATION ENROLMENT FORM

THIS FORM MAY BE PHOTOCOPIED FOR CONVENIENCE ABN: 37-882-817-280

Postal Address: AMEB (WA) The University of Western Australia M421, 35 Stirling Hwy, Crawlev WA 6009 Tel: (08) 6488 3059 amebwa@uwa.edu.au ameb.uwa.edu.au

		(Mobile)	
Email:			
	hange of address since		
Please indic	ate if enrolment submit	ted by:	

CANDIDATES:

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

PLEASE NOTE: WRITTEN AND PRACTICAL

ENTRIES MUST GO ON SEPARATE FORMS!

PRACTICAL EXAMINATION REQUIRED:

Metropolitan

¹Preferred exam centre:

☐ Country¹

Diploma

Date of Birth	Sex (M/F)	Surname	Given Names (in order)	Telephone	Subject Code	Grade	Subject ²	N/O ³	Selected Week Number	Fee \$

² Where the subject is 'for Leisure', please add the words 'for Leisure'.

DECLARATION:

☐ Cash

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.

TOTAL AMOUNT DUE:	\$
FORM OF PAYMENT:	

☐ Cheque*

* Please make cheque payable to UWA

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

Credit card**

Signature:	 Date	:

(THIS ENROLMENT WILL NOT BE ACCEPTED UNLESS SIGNED)

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.

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