

Enroller / Teacher Code



Australian
Music
Examinations
Board (Vic) Ltd

SPECIAL NEEDS REQUEST

PLEASE REFER TO THE SPECIAL NEEDS POLICY AND PROCEDURES DOCUMENT ON THE AMEB VICTORIA WEBSITE (www.ameb.unimelb.edu.au) BEFORE COMPLETING THIS FORM.

Enroller's details:

NAME:

ADDRESS:

PHONE NO:

Candidate's Details:

CANDIDATE NAME:

CANDIDATE NUMBER:

Examination Details:

SUBJECT: GRADE:

SESSION: CENTRE:

Nature of Disability:

Special Requirements:

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SUPPORTING DOCUMENTATION ATTACHED (tick):

I hereby give permission for information about the candidate's special needs to be provided to the examiner.

SIGNATURE*:

DATE:

*Signature of candidate if 18 or older, otherwise a parent or guardian.

OFFICE USE ONLY	
REC	
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MAILED	