

Teacher / Enroller Number



Australian

Music

Examinations

Board (Vic) Ltd

CANDIDATES WITH SPECIFIC NEEDS REQUEST

PLEASE REFER TO THE CANDIDATES WITH SPECIFIC NEEDS POLICY ON THE AMEB VICTORIA WEBSITE BEFORE COMPLETING THIS FORM. (ameb.vic.edu.au)

Enroller's details:

NAME:

EMAIL ADDRESS:

PHONE NO:

Candidate's details:

CANDIDATE NAME:

CANDIDATE NUMBER:

Exam details:

SUBJECT: GRADE:

SESSION: CENTRE:

Nature of disability / condition:

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Reasonable adjustments requested:

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I give permission for information about the candidate's specific 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	
DATE	
COMP	
MAILED	