ONCE THE DATE FOR AN EXAMINATION HAS BEEN SCHEDULED, IT IS NOT POSSIBLE TO ARRANGE ALTERNATIVE DATES FOR ANY REASON OTHER THAN:

- substantiated medical grounds
- religious grounds
- compulsory school examinations or excursions
- verified work related grounds (candidates only)
- relevant generally recognised days of cultural significance

No other grounds for transfer will be considered

DOCUMENTATION REQUIRED

- **Transfer request** (as outlined above) must include an official letter from the school, workplace or relevant organisation outlining the reason for the candidate’s inability to attend the examination.

- **Medical transfer requests** must include a medical certificate from a registered doctor stating:
  1. that the candidate is not fit to attend their examination on the scheduled date
  2. when it is anticipated the candidate will be fit to sit their examination.

TRANSFER AVAILABILITY

DUE TO THE LIMITED AVAILABILITY OF SATURDAY EXAMINATIONS A WEEKDAY EXAMINATION MAY BE THE ONLY OPTION. TRANSFER DATES MAY BE OFFERED WITH MINIMAL NOTICE.

Every effort will be made to accommodate transfers, but transfers cannot be guaranteed. If a replacement examination cannot be arranged, your request and fee will not be processed.

If the AMEB (NSW) is unable to transfer a regional examination while examiners are still touring that particular region, candidates will be required to travel to Sydney.

**Please note**: It is not possible under any circumstances to transfer examinations to the following year.

CHECK LIST

- Transfer request to be submitted no later than **five working days** after the scheduled examination date
- Page 2 of this form completed
- Supporting documentation attached
- Correct transfer fee included
- Medical ONLY
  Advise when it is anticipated the candidate will be fit to sit their examination. It is not possible to transfer to the following year. (must be supported by doctors certificate).

TRANSFER FEES

Fees for all transfers per candidate per examination are as follows:

- **$55** for Level 1 (Preliminary – Grade 4)
- **$66** for Level 2 (Grade 5-8 and Certificate of Performance, any CPM Advancing Step)
- **$140** for AMusA
- **$210** for LMusA
HOW TO SUBMIT A TRANSFER REQUEST

Please complete the personal details and payment information below and attach a copy of the official documentation supporting the transfer. Requests WILL NOT be processed until both the correct transfer fee and supporting documents eg medical certificate are submitted. (Please see page 1 for details).

Please note all documents and payments must be submitted by the TEACHER / PRIVATE ENROLLOER ONLY no later than FIVE WORKING DAYS after the scheduled examination date.

TO BE COMPLETED BY THE TEACHER / PRIVATE ENROLLOER ONLY.

TEACHER / PRIVATE ENROLLOER DETAILS

Teacher/Private Enroller Name: ........................................................................................................................................................................

Teacher/Private Enroller Number: ........................................................................................................................................................................

Phone: .................................................................................................................. Mobile: ........................................................................................................

Email: ........................................................................................................................................................................................................

Teacher/Private Enroller Signature: ........................................................................................................................................................................

CANDIDATE DETAILS

Candidate Name: ........................................................................................................... Candidate Number: .................................................................

Subject and Grade: ........................................................................................................................................................................................................

PAYMENT DETAILS (Please note requests WILL NOT be processed without the accompanying fee)

☐ I enclose my cheque / money order payable to AMEB (NSW).

☐ I authorise AMEB (NSW) to charge my credit card for $ ........................................ (plus 0.4% merchant interchange fee)

Master Card / VISA (Please Circle)

Name on Card: ........................................................................................................ Signature: ........................................................................................................

Card Number: _________/________/________/________ Expiry date: ____/____

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