

In processing this appeal, the AMEB (NSW) will correspond with the candidate's teacher, as appropriate.

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## TEACHER / PRIVATE ENROLLER DETAILS

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

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

Email: .....

Are you the candidate's teacher?

Yes

No - please provide the teacher's name ..... and teacher number .....

## CANDIDATE DETAILS

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

## EXAM DETAILS

Examiner Name: .....

Date of Examination: ..... Location: .....

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## CRITERIA FOR APPEAL

Please complete details on page 2 which may be forwarded to the examiner.

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

Date: ..... / ..... / .....

Signature of Candidate: .....

Date: ..... / ..... / .....

If the candidate is under the age of 18, this form must be counter-signed by the parent or guardian.

Signature of Parent/Guardian: .....

Date: ..... / ..... / .....

**Please return to AMEB (NSW) by email or post within 10 working days of receipt of examination report.**

CANDIDATE NUMBER \_\_\_\_\_

**CRITERIA FOR APPEAL**

Please do not use names or other personal identifiers of the teacher, enroller or student.

In what way is the examination report not consistent with the result of non-award?

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In what way is the examination report not consistent with the syllabus objectives?

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Please describe how the studio facilities had a direct and substantial adverse effect on the candidate's performance (if applicable)

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**Please ensure that Page 1 has been signed and return this form to AMEB (NSW) by email or post within 10 working days of receipt of examination report.**