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STUDENT EXAM INVIGILATION BOOKING FORM

Please complete the following information and post or fax this form to Platinum Education Australia

Student Name:
Student Number:
Address:,
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Daytime phone no:
Email address:
Name of Course and course code:
Date/week of examination required:
Name of examination:
Name of Educational Institution:
Address of Educational Institution:
Length of examination:
Special needs:
I acknowledge that I have read, understood and agree with the invigilation policy as listed on the Platinum Education Australia website
Student Signature
Please allow Platinum Education Australia two (2) working days to respond to your enquiry.