

Name of organiser: \_\_\_\_\_

School/centre: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require a syllabus?  yes  no

Approximate number of candidates: \_\_\_\_\_

Assessment: \_\_\_\_\_

- Oral English
- Drama
- Group Speaking
- Religious Education
- English as a Second Language
- Adult/Vocational

No. primary students: \_\_\_\_\_ years: \_\_\_\_\_

No. of secondary students: \_\_\_\_\_ years: \_\_\_\_\_

Program/s (years 10, 11 or 12)    A    B    C

Preferred date/s day/s: \_\_\_\_\_

Dates or days to be avoided: \_\_\_\_\_

School/centre begins at: \_\_\_\_\_ ends at: \_\_\_\_\_

Assessment begins at: \_\_\_\_\_

Morning tea break from: \_\_\_\_\_ to: \_\_\_\_\_

Lunch break from: \_\_\_\_\_ to: \_\_\_\_\_

Any other information that may assist your assessment organisation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form at least four weeks prior to required date/s

To: The Administrator                      Fax:(08) 9384 0805  
PO Box 284                                      Phone/message: (08) 9383 1529  
Cottesloe WA 6011                              Email: sangor@bigpond.com

*I have read the notes for assessment organisers and will follow the instructions as outlined.*

Signed: \_\_\_\_\_