

Supervisor Confidentiality Statement

Video Practical Exams for any Syllabus

This form must be completed by the Supervisor on the day of a Video Exam and returned to AMEB with the exam recording. All instructions must be followed to uphold the integrity of the assessment process and ensure all candidates are treated fairly and equitably.

Exam Date: _____ Exam Key: _____

Candidate Name: _____

I declare that I am aged 18 or over and that the following process was undertaken to ensure equity and integrity of the exam and assessment process:

1. The Candidate performed all required exam components in one single recording.
2. The Candidate was not assisted/coached during their exam performance.
3. I ensured no collusion, interference, coaching, cheating or other inappropriate behaviour occurred during the exam recording.

Supervisor Name: _____

Signed: _____ Dated: _____

Supervisor WWVP number (if relevant): _____ Expiry: _____

Any other notes the Supervisor would like to provide to the AMEB Tasmania Office:

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The AMEB in Tasmania is administered by the Conservatorium of Music, University of Tasmania

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