



Certificate of Teaching

CT ABRSM one year
part-time course

UK application form 2009–10

Please refer to the UK entry information 2009–10 when completing this form

Personal details

Title (Mr, Mrs, Ms etc) _____

Full name _____

ABRSM applicant
number (if known) _____ Date of birth _____

Address _____

_____ Postcode _____

Telephone _____

Mobile _____

Email _____

Special dietary requirements _____

Instrument to be studied
on the CT ABRSM course _____

Background Education, training and previous teaching experience (post age 16)

Continue on A4 paper if necessary

Employment Current teaching employment

Start date _____

Location _____

Average number of pupils taught per week _____

Other musical qualifications _____

Instrument(s) taught _____

Do you work for a Music Service? yes no

If yes, name of Music Service _____

Regional centres Please indicate your first and second choice of regional centre

Edinburgh

London

Manchester

Course fee payments Please see the UK entry information 2009–10 for details of payment options and dates

Option 1: Payment in full by cheque

Option 2: Payment in full by credit/debit card

Option 3: Payment by instalments

Option 4: Payment including financial support from an employer or other sponsor

Financial support from an employer or other sponsor

Are you receiving a contribution towards the course fees from your employer or another sponsor? yes no

If yes, please state the amount to be contributed £ _____

Please note that a letter from your sponsor giving full details of any financial support that you are to receive must be enclosed with your application. See the UK entry information 2009–10 for details.

Confirmation letter enclosed

Will your sponsor require an invoice from ABRSM? yes no

Balance payment by applicant cheque credit/debit card

Acceptance I have read and understand the terms and conditions detailed in the current prospectus and in the UK entry information 2009–10 and agree to abide by them.

Signed _____

Date _____

Checklist

Before you send your entry ensure that

- you have read and understood the UK entry information 2009–10
- you have fully completed the application form
- you have indicated your preferred option for payment of fees
- you have, if applicable, enclosed a signed letter of support from your sponsor indicating the extent of the financial support agreed together with full contact details for the sponsor
- you have enclosed a cheque for the registration fee of £100 payable to **ABRSM**

Send your application form and registration fee to

Professional Development Manager
ABRSM
24 Portland Place
London W1B 1LU

Closing date

The closing date for applications for the 2009–10 course is Monday 21 September 2009.

Where did you hear about the CT ABRSM course?

Have you attended a CT ABRSM taster or open morning?

yes no

If yes, please state the date

and the centre you attended

We would like to keep you up-to-date with products and services from ABRSM.

Please tick if you **do** wish to be contacted for these purposes via

mail email telephone

If you **do** wish to receive information from other carefully selected organisations

please tick here