

UK & Ireland 2010

Ensembles & Jazz Ensembles

Entry form



www.abrsm.org

_____ For office use only

When filling in this form please refer to the enclosed help & guidance notes.

Please use this entry form for:

- Ensembles (Primary, Intermediate & Advanced)
- Jazz Ensembles (Initial, Intermediate & Advanced)

This column gives brief guidance on completing the form section by section.

If you need further guidance please do not hesitate to contact us (see below).

The **Applicant** is the person (aged 18 or over) applying for the exams on behalf of the candidates – see Regulation 3 for details of the Applicant's responsibilities. Candidates aged 18 or over may apply for themselves. All communications concerning the entry will be sent to the Applicant.

If this is your first entry you will not yet have an **Applicant Number**. Complete all other boxes in this section – an Applicant Number will be sent to you in due course.

If you do not know your Applicant Number please complete all other boxes in this section.

The Applicant will be shown on the certificate as being the person who presented the candidates unless you indicate otherwise in section 1a. The **Title, Surname, Forename & other initials** and **Degrees/Diplomas** will be shown as they appear above and there is space for a total of 40 characters (including spaces) – if the details given total more than 40 characters ABRSM will edit this information.

1 Applicant information *all Applicants*

Please use **BLOCK CAPITALS**

Applicant Number _____

Title _____

Surname _____

Forename & other initials _____

Degrees/Diplomas _____

Tick one box
Either I have never made an entry with ABRSM before – I give my address/contact details below.
or Please change my address/contact details as indicated below.
or My address/contact details are unchanged since my last entry. If you have given your Applicant Number leave the rest of this section blank.

Address _____

Address _____

Address _____

Address _____

Postcode _____

Telephone 1 _____

Telephone 2 _____

Email _____

All standard communications concerning your candidates' exams will be sent by post.

1a Certificate information *optional*

If you wish someone other than the Applicant to be named on the certificates as having presented the candidates (eg a school or institution, or your teacher if you are entering yourself) complete the following box (maximum 40 characters in total including spaces).

Presented by _____

2a Exam information Jazz Ensembles only

Entry option tick one box	<input type="checkbox"/> Scheme 1	complete sections: 1 2a	4 5a 6
	<input type="checkbox"/> Scheme 2	complete sections: 1 2a	4 5a 6
	<input type="checkbox"/> Scheme 3	complete sections: 1 2a 3 optional	4 5a 6
	<input type="checkbox"/> Scheme 4	complete sections: 1 2a 3 optional	4 5a 6

Centre code

Centre name (town)

Before completing **Entry option**, **Centre code** and **Centre name** refer to the **help & guidance** for the following:

- p2 an explanation of the four available entry options
- p3 Centre codes and names

Centre code/Centre name – fill in the code and name of the Centre closest to your school or studio (the address for the Visit should be given in section 4 below).

2b Exam information Ensembles only

Entry option tick one box	<input type="checkbox"/> at a Centre	complete sections: 1 2b 3 optional	5b 6
	<input type="checkbox"/> Standard Visit	complete sections: 1 2b 3 optional	4 5b 6
	<input type="checkbox"/> Large Entry Visit	complete sections: 1 2b 3 optional	4 5b 6
	<input type="checkbox"/> Special Visit outside the exam period	complete sections: 1 2b	4 5b 6

Centre code

Centre name (town)

Before completing **Entry option**, **Centre code** and **Centre name** (required for all entries, including Visits) refer to the **help & guidance** for the following:

- p2 an explanation of the four available entry options
- p3 Centre codes and names

Centre code/Centre name – fill in either the code and name of your chosen Centre or, if applying for a Standard Visit, Large Entry Visit or Special Visit, the code and name of the Centre closest to your school or studio (the address for the Visit should be given in section 4 below).

3 Practical exam date preferences optional

Not applicable for **Scheme 1 or 2 Jazz Ensembles** **Ensembles entered as part of a Special Visit. Optional for all other entries.**

For exam periods and week numbers see **help & guidance**, page 3.

Period **A** (spring), **B** (summer), **C** (autumn)

Preferred week **Not guaranteed for Centres or Standard Visits** see **Important note** right **Please advise candidates to expect any date**

Lastest available date ddmm

Saturdays are inconvenient

Important note: Jazz Ensembles entered under Scheme 3 or 4 and Ensembles entered at a Centre or for a Standard Visit may be allocated appointments on any date during the exam period (see Regulation 8). We will do all we can to take into account any preferences you give. As preferences are not guaranteed please advise the candidates to expect an exam on any day of the exam period.

Preferred week – if you would prefer exams to take place in a particular week, put the week number here.

Latest available date – if your candidates will not be available after a particular date, write it here.

No Saturdays – if Saturdays are inconvenient please put X in the box.

4 Visit information all Visits

Complete only if requesting a Visit – not for Ensembles entered at Centres.

Start date ddmm not available for all entries – see note on right

Visit address

Visit address

Visit address

Visit address

Postcode

If you are applying for your candidates to be heard as part of a Visit arranged by another Applicant, you must ensure that you have the permission of the Applicant hosting the Visit.

Start date – specify only if your entry is a Scheme 2 Jazz Ensemble or an Ensemble entered as part of a Large Entry Visit or Special Visit.

Visit address – give the full address of the place where the exams will be held (including the school's name where appropriate) – if submitting more than one entry form for this Visit please ensure that this information is included on each form.

5a Jazz Ensemble information

Please give the names of the Jazz Ensembles you are entering.
The name as given here will be shown on the certificate – a maximum of 30 characters is available for each Jazz Ensemble.
The examiner will ask you to confirm the name of each member of the Jazz Ensemble on the day of the exam.

Name of Jazz Ensemble	Level please tick one box:				No. of candidates in ensemble
	Initial	Intermediate	Advanced		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5b Ensemble information

Please give the names of all the members of the Ensemble, their instrument and level (P for Primary, I for Intermediate, A for Advanced).
The names as given here will be shown on the certificates.
NB: Maximum 30 characters in total, including spaces (20 spaces each for Forename and Surname are included here for flexibility).

If you wish to enter more than one Ensemble, this page can be photocopied or downloaded from www.abrsm.org.

	Forename	Surname	Instrument	Level
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Disabled access

Please tick this box if any of the members of the ensemble require disabled access (wheelchair users and those with limited mobility)

6 Payment all Applicants

Please use this chart to calculate the fees required. Payment of the total amount owing should be made with a cheque or by credit/debit card – please do not send cash.

Fees 2010		Fee	(Fee ROI)	No. of ensembles	Total
Jazz Ensembles	Initial	£46.00	(€64.00)		.
	Intermediate	£53.00	(€74.00)		.
	Advanced	£58.00	(€80.00)		.
Ensembles	Primary	£46.00	(€64.00)		.
	Intermediate	£53.00	(€74.00)		.
	Advanced	£58.00	(€80.00)		.
				Total	.

Checklist **Please tick** each box to confirm that all relevant parts of the entry form have been completed.

- Section 1** all Applicants
- Section 2a** Jazz Ensembles only
- Section 2b** Ensembles only
- Section 3** optional – Scheme 3 & 4 Jazz Ensembles; Ensembles at a Centre, Standard Visit or Large Entry Visit
- Section 4** all Jazz Ensembles; Ensembles at a Standard Visit, a Large Entry Visit or a Special Visit
- Section 5a** Jazz Ensembles only
- Section 5b** Ensembles only
- Section 6** all Applicants

7 Declaration all Applicants

I have read and undertake to abide by ABRSM's current Examination Regulations

Signature _____

Date _____ **ddmmyy**

Send your form and payment in an envelope to:

EXAM ENTRY
ABRSM
24 Portland Place
London W1B 1LU

This form should be signed and dated by the Applicant (who must be aged 18 or over) as the person accepting responsibility for entering the candidates, receiving all written communications and for all payments due. This also constitutes an undertaking to abide by ABRSM's Regulations.

Data Protection

We would like to keep you up to date with news and information about our exams and other services. If you are already an applicant, you can change your preferences at any time, online or by contacting us. If you are a new applicant, you will be sent an applicant card and personal details form, allowing you to indicate mailing preferences. These preferences can be amended at any time, online or by contacting us.

8 Payment all Applicants

I enclose **one cheque** payable to ABRSM for **£** _____ .

Please charge the full fees to my credit/debit card as recorded below

Credit/debit card details

Visa
 Mastercard
 Maestro
 Delta
 NB We do not accept American Express

Card Number _____ (Maestro only)
 Expiry date _____ **mmyy**
 Maestro Issue No. _____
 Signature of cardholder _____
 Name of cardholder _____