

Entry form

Ensembles



www.abrsm.org

Please use this entry form for:

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

When filling in this form please also refer to the following:

- Ensembles syllabus
- Examination Information and Regulations booklet (international edition)

If you need further information or guidance on completing this form please contact your local Representative.

This column gives brief guidance on completing each section of the form.

For office use only

1a Applicant information all Applicants

Please write clearly in the boxes in **BLOCK CAPITALS**
A box should be left blank between names

Applicant Number
if known

Title

Family name first

Given name

Family name
(surname)

Degrees/
Diplomas
optional

Address
line 1

Address
line 2

Address
line 3

Address
line 4

Postcode

Country

Home
telephone

Work
telephone

E-mail

The **Applicant** is the person (aged 18 or over) making the entry who acts on behalf of the candidates. Adult candidates may enter themselves. All communication will be with the person named as the Applicant.

If you do not know your **Applicant Number** or this is your first entry please give your full contact details and an Applicant Number will be sent to you in due course.

Family name first If you would like your Family name (surname) to appear first please write **Y** in this box.

The Applicant's details (Title, Given name, Family name (surname), Diplomas/Degrees) will be shown on the certificate as being the person who presented the candidates unless you give other details in section **1b**. If the details given total more than 40 characters (including spaces) we may need to edit this information.

Communications regarding exams will normally be sent by mail. Please provide the other requested contact details you have as it is useful for us to have these on file.

1b Certificate information optional

Presented by

If you do not want the Applicant to be shown on the certificate as the person who has presented the candidate, please complete this section. Write the full name of the presenter exactly as you would like it to appear on the certificate, leaving a blank space between each name. A maximum of 40 characters is available.

2 Place of examination all Applicants

Please enter the place of exam (eg region, town, school or studio) where you would prefer your candidates to be examined. Please refer to Regulations 6 and 7.

3 Exam date preferences optional

Where possible we will take into consideration any date and time preferences noted here when allocating exam appointments. However, we are not able to guarantee that your preference will be met.

Appointments may be given for any date(s) within the whole of the exam period subject to the availability of ABRSM examiners, so please ensure your candidates are ready for an exam from the first day of the exam period (see regulation 8).

4 Ensemble information all Applicants

Please give the names of all the members of the Ensemble, their instrument and level (P for Primary / Initial, I for Intermediate, A for Advanced). The names given here will be shown on the certificates – a maximum of 25 characters in total (including spaces) is available for each candidate, although 18 spaces each for forename and surname are shown in order to give flexibility. If you wish to enter more than one Ensemble please use additional forms or photocopies of this page.

Jazz Ensemble

Please tick if this entry is for a Jazz Ensemble

	Given name	Family name	Family name first	Instrument	Level
1			<input type="checkbox"/>		
2			<input type="checkbox"/>		
3			<input type="checkbox"/>		
4			<input type="checkbox"/>		
5			<input type="checkbox"/>		
6			<input type="checkbox"/>		
7			<input type="checkbox"/>		
8			<input type="checkbox"/>		
9			<input type="checkbox"/>		
10			<input type="checkbox"/>		

5 Fees all Applicants

	Fee	No. of ensembles	Total
Primary / Initial			
Intermediate			
Advanced			
Total fees due			
Number of re-entry vouchers attached <input type="checkbox"/>	Total value of re-entry vouchers		
Total fees enclosed			

I have read and undertake to abide by the current Examination Regulations

Signature _____

Date _____ ddmmyy

Please send your completed form, along with the total fees due, to your Representative. If there is no Representative please send the form and fees direct to ABRSM, marking the envelope 'International Exams'.

This form should be signed and dated by the Applicant as the person accepting responsibility for entering the candidates, for receiving all written communications and for making all payments. This also constitutes an undertaking to abide by ABRSM's Regulations.