



## Teacher-Assessor Registration Form

I wish to register as a Music Medals Teacher-Assessor to conduct assessments on behalf of  
 \_\_\_\_\_(school or organization name)

<b>Title</b>		<b>Forename</b>		<b>Surname</b>	
<b>Address for correspondence</b>					
<b>Email</b>				<b>Home Tel</b>	
<b>Work Tel</b>				<b>Mobile</b>	
<b>ABRSM applicant number (if known)</b>					

I have read and understood the Music Medals Regulations (available on [www.abrsm.org/musicmedals](http://www.abrsm.org/musicmedals) and included in the *Music Medals Syllabus Handbook*) and I agree to abide by them.

**Signed**.....

**Date**        /        /

**This form must be countersigned here by the Music Medals Partner signatory**

**Music Medals Partner** (school or organization name).....

I accept that (*print teacher's name*).....  
 will undertake online training and may then assess Music Medals candidates on behalf of the Music Medals Partner named above and will operate Music Medals according to ABRSM's Music Medals Regulations.

**Signed**.....**Print name**.....

**Date**        /        /

*PTO*

Please indicate which instruments you teach in groups		
<input type="checkbox"/> Descant recorder	<input type="checkbox"/> Harp	<input type="checkbox"/> Eb Tuba (treble clef)
<input type="checkbox"/> Treble Recorder	<input type="checkbox"/> Classical Guitar	<input type="checkbox"/> Eb Tuba (bass)
<input type="checkbox"/> Clarinet	<input type="checkbox"/> Electric Guitar	<input type="checkbox"/> Trombone (treble)
<input type="checkbox"/> Flute	<input type="checkbox"/> Bass Guitar	<input type="checkbox"/> Trombone (bass)
<input type="checkbox"/> Piccolo	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Drum Kit
<input type="checkbox"/> Saxophone	<input type="checkbox"/> Cornet	<input type="checkbox"/> Classroom Percussion
<input type="checkbox"/> Oboe	<input type="checkbox"/> Flugel Horn	<input type="checkbox"/> Orchestral Percussion
<input type="checkbox"/> Bassoon	<input type="checkbox"/> Eb Horn	<input type="checkbox"/> Steel Pan
<input type="checkbox"/> Violin	<input type="checkbox"/> French Horn	<input type="checkbox"/> Piano
<input type="checkbox"/> Viola	<input type="checkbox"/> Baritone (treble clef)	<input type="checkbox"/> Electronic Keyboard
<input type="checkbox"/> Cello	<input type="checkbox"/> Baritone (bass clef)	<input type="checkbox"/> Singing
<input type="checkbox"/> Mini Bass	<input type="checkbox"/> Euphonium (treble clef)	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Double Bass	<input type="checkbox"/> Euphonium (bass clef)	

## Data Protection

ABRSM is fully committed to protecting your privacy and will not contact you without your prior consent. From time to time, we would like to send you updates about Music Medals and other ABRSM products and services.

Please tick the relevant boxes below if you **AGREE** to receive information from us (*ABRSM will not pass on your details to any third parties*):

by post       by telephone       by email

Please return this form to:

Music Medals  
 ABRSM  
 24 Portland Place  
 London  
 W1B 1LU