

## Ensembles & Jazz Ensembles

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 at [www.abrsm.org](http://www.abrsm.org):

- Ensembles syllabus
- Exam Regulations (International edition)

For office use only

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

Please note that a separate entry form is required for UK & Ireland entries.

### 1a Applicant information all Applicants

Please use **BLOCK CAPITALS**

A box should be left blank between names

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 if 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.

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

Applicant Number  if known

Title   Family name first optional

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

Mobile Telephone

E-mail

### 1b Certificate information optional

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.

Presented by

## 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 12 and 13.

## 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 10)

## 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			_____

## 6 Declaration

### How we use your information

ABRSM and ABRSM Publishing will use the personal information that you provide in accordance with applicable data protection laws and our Privacy Policy - available at [www.abrsm.org/privacypolicy](http://www.abrsm.org/privacypolicy)

We will process your personal information to carry out our obligations under and contract between you and us, and where otherwise reasonably necessary for our purposes.

ABRSM is registered as a data controller with the UK Information Commissioner's Office under registration number Z6618494. ABRSM Publishing is registered as a data controller with the UK Information Commissioner's Office under number Z6329415.

**This form must be signed and dated** by the applicant (who must be 18 or over) as the person who enters into a contract with ABRSM upon the terms and conditions set out in ABRSM's Exam Regulations. It should not be signed by the candidate except if the candidate is 18 or over and wishes to enter the exam him or herself.

You can view your entry details online as soon as they have been processed (go to online entry & services at [www.abrsm.org](http://www.abrsm.org)).

**Please tick here and sign below to confirm your entry of the candidate(s) for the exam(s) upon the terms and conditions set out in ABRSM's Exam 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'.