

Entry form

Choral Singing



www.abrsm.org

Please use this entry form for

- Choral Singing exams at all levels (Initial, Intermediate and Advanced)

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

- Choral Singing syllabus
- Exam 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

1 Applicant information all Applicants

Please use **BLOCK CAPITALS**

A box should be left blank between names

Applicant Number if known

Title

 for example Dr, Mr, Mrs, Mdme, Miss, Ms

Given name

Family name (surname)

Family name first

 optional

Degrees/Diplomas optional

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Country

Home telephone

Work telephone

Mobile telephone

Fax

E-mail

The **Applicant** is the person (aged 18 or over) making the entry who acts on behalf of the choir. 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 choir unless you give other details in section 3. 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.

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'.

2 Venue information all Applicants

Venue address line 1 _____

Venue address line 2 _____

Venue address line 3 _____

Venue address line 4 _____

Postcode _____

Telephone number _____

Please give the full address of the place where the exam(s) will be held, including the school's name, where appropriate.

Choral Singing exams are normally held at premises arranged by the applicant and not at ABRSM's public centres (please see paragraph (c) on p1 of the Choral Singing syllabus).

The venue and tuning of the piano must be arranged without cost to ABRSM.

3 Choir information all Applicants

The names given here will be shown on the certificate. A maximum of 45 characters in total (including spaces) is available for each choir's name.

If you wish someone other than the Applicant to be named on the certificate as having presented the choir (eg a school or institution) complete the **Presented by** box. A maximum of 40 characters (including spaces) is available.

Space is provided for up to two choirs. If more than two choirs are to be entered, please write the details on a separate sheet.

Choir name **Choir 1** _____

Presented by _____

Number of singers _____ Initial _____ Intermediate _____ Advanced _____

Choir name **Choir 2** _____

Presented by _____

Number of singers _____ Initial _____ Intermediate _____ Advanced _____

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 Fees all Applicants

Please use this chart to calculate the fee required.

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

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

Signature _____

Date _____ ddmmyy

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