Trinity **ROCK** & **POP** Graded Practical Examinations

Name	of Candidate :
	<u>Step 1</u>
Dates	NOT AVAILABLE for examination :
	(Note: If available dates provided are insufficient, we will only be able to allocate to the nearest date)
Ond	be the Appointment Slip is issued to the candidate, the Examination Schedule is considered ${\color{red} {\it FINAL}}$.
	NO CHANGES WILL BE ALLOWED , unless for the following reasons:
	 Medical Reasons <u>OR</u> - Overseas <u>School</u> Trips <u>OR</u> - School Examinations
availab	ates are required to submit supporting documents for the above reasons. However, changes will still depend on the lity and approval from TCM Examination Centre. TCM Examination Centre has the right to verify the validity of the sing documents submitted and will do her best to meet candidate's requests but this CANNOT be guaranteed.
medica Londor	ng to the syllabus, if the candidate is ill and unable to attend the exam of the current exam session, original copy of proof has to be forwarded to TCM Examination Centre within 14 days from the examination date. Trinity College will issue a 50% re-entry permit after verification. This permit can be used for the next exam within 12 months of the exam date upon payment of 50% of the exam fees current at the date of entering for the next exam session.
>	Step 2 (Tick the appropriate box)
	I <u>wish</u> to receive my <u>practical examination report by mail</u> at the following *mailing address. I understand that my examination report will be folded and may be at risk of being lost in the mail. I will not hold TCM Examinations Centre liable for any damages caused. Normal Mail (Examination Office will not be responsible for any loss of mail) Registered Mail (additional charge of \$4.00 for Singapore / \$10.00 for Overseas)
*N	lailing Address:
	Singapore
	I <u>do not wish</u> to receive my practical examination report by mail. I will personally collect the examination report upon receiving the <u>collection letter</u> from TCM Examinations Centre by email email address:
	I will personally collect the examination report from: <u>Tick the appropriate box</u>
	Collection Venue : Parkway Parade Paragon, Orchard Chinese Swimming Club
	gonesian vende i landa l
Additio	nal Information : (Candidates MUST refer to the syllabus or the website for the latest updates)
*	Candidates are responsible to bring along the ORIGINAL Trinity Rock & Pop BOOK and the CD for the exam.
·	Up to and including Grade 5, somebody may assist with the set-up before the examination. From Grade 6 onwards,
•	candidates <u>MUST</u> adjust, tune up and set up ALL the equipments <u>WITHOUT</u> ANY assistance.
Th	E Examination room will be equipped with the following and available for booking with a booking fee :
*	Amplifiers suitable for Bass, Guitar, Keyboards and Vocals.
*	CD player, speakers/sound system for backing tracks.
*	Digital piano and adjustable piano stool.
*	Jack-to-jack and mic leads and Vocal microphone with adjustable stand.
*	A reasonable Right-Handed Drum kit which comprises :
	- Snare drum with adjustable drum kit size stand - Hi-hat (12-14") - <u>SINGLE</u> Drum Pedal.
	- Toms (three minimum): high/medium/low - Ride cymbal (18-22")
	- Bass drum (18-22") - Crash cymbal (14-18")
	(For Left-handed Drum Candidates, please indicate on the exam entry form).
	I agree to abide by the regulations and refer to the current syllabus of Trinity Rock & Pop. www.trinityrock.com
Candi	date's Signature : Date : Date : Attended by :



Entry form for Rock & Pop exams

Completing this form

Please read carefully the notes alongside each section.

Please use BLOCK CAPITALS throughout, except for the signature.

Space is given for details of 12 candidates. If you have more than 12 candidates, additional forms must be used. Each must be signed by the person making the entry and the total fees on each form must be written in the space provided. All completed forms should be stapled together. You should make **one** payment to cover the entries on all the forms. **Cheques should be made payable to Trinity College London**.

Send completed entry forms to your Local Area Representative. Do not send entries to Trinity's central office.

Do not fax entries under any circumstances.

A Appl	icant's	details			
	,			nformation and news about our prog not to receive such information.*	grammes,
Name					
Address					
IC No.				Postcode	
Tel.	(day)	Area code	_ No		
	(evening)	Area code	_ No	_	
email					

Notes

Applicant's details

The person named in this section accepts responsibility for entering the candidates named on the form.

The named person may be a teacher, a parent/guardian of a younger candidate or an adult candidate. Where relevant, this person can act on behalf of a school or company.

All communications will be sent to this person and will be sent to the address given here. Trinity College London cannot accept responsibility if the information given is inaccurate.

Please give telephone numbers at which the named person can normally be contacted.

Data protection

Please refer candidates to our website www.trinityrock.com for information about how Trinity will use their personal data.

B About the exam

Exam dates are available from your Local Area Representative. Find details of your local contact at www.trinitycollege.com/worldwide

Centre name	
Month of exam	Year

Give dates or times when you or your candidates are ${f not}$ available:

About the exam

Please indicate your **preferred** centre for exams.

Give the month and year of the exam session for which you are entering. Please write here any dates or times during the relevant session when candidates are **not** available for exam because of prior commitments.

Representatives will do their best to meet requests to avoid specific dates, but this cannot be guaranteed.

^{*} We respect your privacy. Information is held in accordance with Trinity's data protection policy, available at www.trinitycollege.com

C Name of teacher or school		Notes
Complete this section if you want the nam	e of the teacher or school on certificates.	Name of teacher or school
		Include here the name of the teacher, if required on certificates.
Teacher's qualifications	Please show the teacher's qualifications in the order required on certificates. (Up to 50	
	characters – letters (upper and lower case, as appropriate), spaces and punctuation,	
School	including parentheses – can be included). Include the name of the candidate's school	
		if required on the certificate.
D. Takal face and annihilation	*	Total fees and your signature
D Total fees and applicant's s		Write here the total fees covered by all entr
Payment of		made payable to TCM Examinations Cent The person named in Section A must sign
I agree to abide by the regulations of Trin	ity College London available at www.trinityrock.com	and date each form. This constitutes an
Signature	Date	agreement to abide by Trinity College London's exam regulations.
Special needs (e.g. partially sighted) Requirement (e.g. large-print sight reading) Braille certificate required? Yes / No Please include a Special Needs Provision the nature of the special needs in as much of www.trinityrock.com or from your Local A	(Please circle your answer, e.g. Yes) form for each candidate with your entries to explain detail as possible. This is available to download from trea Representative. First-time entries for dyslexic by of a current psychologist's report. If candidate	Please indicate the requirements of candidates with special needs. Please be aware that no concession can be made in the marking of the exam. If the candidate is under 16 years of age the Special Needs Provision form will have to be signed by a parent/guardian of the candidate or a duly authorised agent. The Special Needs Provision form and proof of the special needs must accompany the entry. Receipt If a receipt is required, please fill in your name on the receipt at the bottom of this page. Receipts will be issued only if your name is filled in and a stamped-addressed envelope is sent with the entries.
Grade/level codes	Subject codes	
IN InitialO1 Grade 1	RPB Rock & Pop Bass RPD Rock & Pop Drums	
02 Grade 2	RPG Rock & Pop Guitar	
03 Grade 3 04 Grade 4	RPK Rock & Pop Keyboards RPV Rock & Pop Vocals	
05 Grade 506 Grade 6		
07 Grade 7		
08 Grade 8		
RECEIPT A receipt will be issued only if	your name is filled in here and a stamped addressed	envelope is enclosed with your entry.
For Trinity College London use only		

Signed __

Received the sum of _____

Date ___

F Candidates' details
For each candidate, please give the full name as it should appear on the certificate. Underline the FAMILY NAME clearly below the line.
Candidate 1 Please tick if this is the candidate's first entry
Full name Date of birth Male / Female Special needs? Mor F (Please tick, then give details in Section E) Subject Grade Fee type Fee type For Drums only. Tick if left-handed set-up is required IC Number:
Candidate 2 Please tick if this is the candidate's first entry
Full name Male / Female Special needs? Mor F (Please tick, then give details in Section E) Subject Grade Tee type Fee type Fer Drums only. Tick if left-handed set-up is required IC Number:
Candidate 3 Please tick if this is the candidate's first entry Full name Date of birth D D M M Y Y Male / Female Special needs? (Please tick, then give details in Section E) Subject Subject For Drums only. Tick if left-handed set-up is required IC Number:
Full name Please tick if this is the candidate's first entry Date of birth Male / Female Special needs? Mor F (Please tick, then give details in Section E) Subject Grade code Fee type For Drums only. Tick if left-handed set-up is required IC Number:
Please tick if this is the candidate's first entry Full name Date of birth D D M M Y Y Male / Female Special needs? (Please tick, then give details in Section E) Subject Subject For Drums only. Tick if left-handed set-up is required IC Number: IC Number:
Candidate 6 Please tick if this is the candidate's first entry Full name Date of birth Date
If you are entering more than six candidates, please tick here and continue on the back page. Add up the total fees for this form and insert the amount here: (Remember to include the entries on the back page.) TOTAL FEES

Notes

Candidates' details

Write in the instrument or subject as it appears in the syllabus.

Write in the grade for each candidate – see table on opposite page.

Write in the subject code for each candidate – see table on opposite page.

Show the fee for each candidate, and indicate the type of fee:

- F Full fee
- H Half-fee re-entry (this must be accompanied by a valid re-entry permit)
- L (see late-entry procedure at www.trinityrock.com)

Write in each candidate's date of birth and gender. We are required to collect this information for various education and government bodies. This information is not communicated to examiners or to any third party.

Tick the box if the candidate has any special needs requirements. Further details must be given in Section E.

Fees

Exam fees are printed on a separate sheet enclosed with this entry form. If the fee sheet is missing, another copy may be obtained from your Local Area Representative or from www.trinityrock.com

Cheques should be made payable to TCM Examinations Centre.

Candidate 7	Please tick if this is the candidate's first entry \Box
Full name	
Date of birth D D M M Y Y	le / Female Special needs?
	M or F (Please tick, then give details in Section E) Subject e Fee Fee type
For Drums only. Tick if left-handed set-up is req	uired C Number:
Candidate 8	Please tick if this is the candidate's first entry
Date of birth D D M M Y Y	le / Female Special needs? Subject e Code Female Fee Type
Subject Grade	e
For Drums only. Tick if left-handed set-up is req	uired C Number:
Candidate 9	Please tick if this is the candidate's first entry
Date of birth DDMMYY	Special needs?
Subject Grade	e
For Drums only. Tick if left-handed set-up is req	uired IC Number:
Candidate 10	Please tick if this is the candidate's first entry
	le / Female Special needs? M or F
For Drums only. Tick if left-handed set-up is req	uired IC Number:
Candidate 11	Please tick if this is the candidate's first entry \Box
Full name	
D D M M Y Y	Special needs? Special needs? Subject Subject Fee Fee type Subject Sub
•	
For Drums only. Tick if left-handed set-up is req	uired L IC Number:
Candidate 12	Please tick if this is the candidate's first entry
Full name	
D D M M Y Y	le / Female Special needs? (Please tick, then give details in Section E) Subject e Code Fee Fee type Special needs? Fee Fee type Special needs?
Subject	
For Drums only. Tick if left-handed set-up is req	

Notes

Candidates' details

Write in the instrument or subject as it appears in the syllabus.

Write in the grade for each candidate – see table on page 2.

Write in the subject code for each candidate – see table on page 2.

Show the fee for each candidate, and indicate the type of fee:

- F Full fee
- H Half-fee re-entry (this must be accompanied by a valid re-entry permit)
- L (see late-entry procedure at www.trinityrock.com)

Write in each candidate's date of birth and gender. We are required to collect this information for various education and government bodies. This information is not communicated to examiners or to any third party.

Tick the box if the candidate has any special needs requirements. Further details must be given in Section E.

If you are entering more than 12 candidates, please use additional entry forms. These should be stapled to the first form and sent together to your Local Area Representative.

Fees

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