

Trinity College London **GRADED** Practical Examinations

Name of Candidate : _____
(According to NRIC or Passport)

➤ **Step 1**

Dates **NOT AVAILABLE** for examination : _____
(Note : If available dates provided are insufficient, we will only be able to allocate to the nearest date)

Once the Appointment Slip is issued to the candidate, the Examination Schedule is considered **FINAL**.
NO CHANGES WILL BE ALLOWED, unless for the following reasons :
- Medical Reasons **OR** - Overseas **School** Trips **OR** - School Examinations

Candidates are required to submit supporting documents for the above reasons. However, changes will still depend on the availability and approval from TCM Examination Centre. TCM Examination Centre has the right to verify the validity of the supporting documents submitted and will do her best to meet candidate's requests **but this CANNOT be guaranteed**.

According to the syllabus, if the candidate is ill and unable to attend the exam of the current exam session, original copy of medical proof has to be forwarded to TCM Examination Centre within 14 days from the examination date. Trinity College London will issue a 50% re-entry permit after verification. This permit can be used for the next exam within 12 months of the original 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 **wish** to receive my **practical examination report by mail** 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)

*Mailing Address : _____
_____Singapore_____

I **do not wish** to receive my practical examination report by mail. I will personally collect the examination report upon receiving the **collection letter** from TCM Examinations Centre by email :

email address : _____

I will personally collect the examination report from : Tick the appropriate box

Collection Venue : Parkway Parade Paragon, Orchard Chinese Swimming Club

Additional Information :

- For **Drum-Kit Candidates**,
- Drums that are provided in the examination centre are for Right-Handed only.
 - Candidates are responsible to bring along the **Original** exam book & accompaniment **CD** on the day of exam.
- For **Electronic Keyboard Candidates**, please bring the following :
- Electronic Keyboard (Instrument), Book Rest and Adaptor.
(Keyboard Stand for Standard 61-keys keyboard will be available at the examination centre.)

I agree to abide by the regulations and refer to the current syllabus of Trinity College London.

Full details can be found on the website : www.trinitycollege.com

Candidate's Signature : _____ Date : _____ Attended by : _____

Completing this form

Please read carefully the notes alongside each section.

Please use BLOCK CAPITALS throughout, except for the signature. Please write in black ink.

This form should be used for groups of two or more candidates, and all duo entries.

A separate form must be used for each group. Space is given to list the names of up to eight candidates in the group. If you have more than eight candidates in one group, please continue on a separate sheet. Additional sheets should be stapled to the entry form.

Send completed entry forms to your Local Area Representative. Do not send entries to Trinity's central office, unless advised to do so by staff at that office. **Cheques should be made payable to TCM Examinations Centre.**

Do not fax entries under any circumstances.

A Applicant's details

This information may be used to provide the applicant with information and news about our programmes, events and services. Please tick this box if you would prefer not to receive such information.*

Name _____

Address _____

_____ Postcode _____

Tel. (day) Area code _____ No. _____

(evening) Area code _____ No. _____

email _____

Is this the first time you have entered candidates for a Trinity exam? Yes / No (Please circle your answer, eg **Yes**)

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.trinitycollege.com for information about how Trinity will use their personal data.

B About the exam

For UK exam dates see www.trinitycollege.com/musicentry or for Rock & Pop exams see www.trinityrock.com. For dates in other countries please contact your Local Area Representative.

Centre name _____

Month of exam _____ Year _____

Give dates or times when you or your candidates are **not** available:

About the exam

Please indicate your **preferred** venue 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 Group details

Group name _____

Subject _____ Grade _____ Subject code _____ Fee _____ Fee type _____

Conductor* _____

Accompanist* _____ *As appropriate

Multiple certificates for groups will be provided automatically at no extra charge.

Please note that for Choral Assessments, certificates will be issued with name of choir only, not with individual names. It is not necessary to list individual names for choirs.

If individual group members' names are not listed, please indicate how many certificates are required.

D Participants' details

Candidate 1 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 2 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 3 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 4 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 5 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 6 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 7 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

Candidate 8 Please tick if this is the candidate's first entry

Date of birth _____ Male / Female _____ Special needs? _____
D D M M Y Y M or F (Please tick, then give details in Section F)

Full name _____

Unique learner number (see note) _____ NCN (see note) _____

For more than eight participants please tick here. Write the names on a separate sheet and staple it to the entry form.

Notes

Group details

Write in the name given to the group. Please try to make sure that this name easily identifies the group and is unique ('Group 2' is not a good name).

Write the subject in full (eg Advanced Certificate (Ensemble)).

Write in the level for the exam – see table on next page.

Write in the subject code for the exam – see table on next page.

Show the fee for the exam, 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 in the Information & Regulations booklet and also available at www.trinitycollege.com)

For Choral Assessment or Ensemble, show the name of the conductor and/or accompanist as appropriate.

Participants' details

Write in each candidate's full name. This will be the name printed on certificates.

You must confirm the names of candidates taking part on the day of the exam: a list of candidates should be handed to the examiner at the time of the exam. This is particularly important in the case of large groups.

Tick the box if the candidate has any special needs requirements that should be taken into account. Further details must be given in Section F.

Unique learner number

In the UK, candidates studying for the Government Diplomas are able to submit duo music graded exams towards the Additional/Specialist Learning unit of these qualifications. To enable the transfer of exam data to the relevant bodies, candidates/centres must submit their unique learner number as part of the entry process.

National centre number (NCN)

For UK applicants: If you teach your candidates for a school or a college please add the national centre number so that we can pass on the information to the Department for Education, for inclusion in the achievement and attainment tables. This data is passed to the Department for Education in confidence.

RECEIPT A receipt will be issued only if your name is filled in here and a stamped addressed envelope is enclosed with your entry.

Name _____

For Trinity College London use only

Received the sum of _____

Date _____

Signed _____

E Name of teacher, conductor, accompanist or school

Complete this section if you want the name of the teacher, conductor, accompanist or school on certificates.

Teacher/Conductor/Accompanist _____

Qualifications _____

School _____

F Candidates with special needs

Candidate's name _____

Special needs (eg partially sighted) _____

Requirement (eg large-print sight reading) _____

Braille certificate required? Yes / No (Please circle your answer, eg **Yes**)

Please include a special needs provision form for each candidate with your entries to explain the nature of the special needs in as much detail as possible. This is available to download from www.trinitycollege.com, or from your Local Area Representative or Trinity's central office. First-time entries for dyslexic candidates must be accompanied by a copy of a current psychologist's report. If candidate has been entered previously, please supply details of any special provisions required.

G Total fees and applicant's signature

Payment of _____ enclosed for total fees.

I agree to abide by the regulations of Trinity College London as published in the Information & Regulations booklet and also available at www.trinitycollege.com

Signature _____ Date _____

Grade/level codes

IN Initial/Initial Track
01 Grade 1/Track 1
02 Grade 2/Track 2
03 Grade 3
04 Grade 4
05 Grade 5
06 Grade 6
07 Grade 7
08 Grade 8
FC Foundation Certificate
IC Intermediate Certificate
AC Advanced Certificate
FCC Foundation Choral Certificate
ICC Intermediate Choral Certificate
ACC Advanced Choral Certificate

Subject codes

ENS Ensemble
PSH Piano Six Hands
PDT Piano Duet
MTC Music Tracks Clarinet
MTG Music Tracks Guitar
MTT Music Tracks Trumpet
MTV Music Tracks Violin

Rock & Pop codes

GRP Rock & Pop Group

There is no separate subject code for Choral Assessment.

Notes

Name of teacher, conductor, accompanist or school

Include here the name of the teacher if required on certificates.

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, including parentheses – can be included.

Give the name of the candidate's school, if required on the certificate.

Candidates with special needs

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.

Total fees and your signature

Write here the total fees covered by all entry forms being submitted.

The person named in Section A must sign and date each form. This constitutes an agreement to abide by Trinity College London's exam regulations which are published in the *Information & Regulations* booklet and also available at www.trinitycollege.com

Cheques should be made payable to TCM Examinations Centre.

General notes

Receipt If a receipt is required, please fill in your name on the receipt at the bottom of the opposite page. Receipts will be issued only if your name is filled in and a stamped-addressed envelope is sent with the entries.

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 Trinity's central office.