

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

However, there will be a fee of S\$35.00 payable for any examination reschedule within the same/current examination session, except for medical reasons or compassionate reasons for immediate family members.

Candidates are required to submit supporting documents for any of the above reasons. However, changes will still depend on the availability and approval from the local examination office, **TCM Examinations Pte. Ltd.** The examination office has the right to verify the validity of the supporting documents submitted and will do its best to meet the candidate's requests **but this CANNOT be guaranteed**. It will not be able to accept any request for examination reschedule 10 days before the examination date except for medical reasons or compassionate reasons for immediate family members.

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 Examinations Pte. Ltd. within 14 days from the examination date. Trinity College London will then 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 **WANT** to receive my original **PRACTICAL** examination report **by MAIL** at the mailing address provided on the application form attached.

I understand that my exam report will be folded and may be at risk of being lost in the mail.

However, I will not hold TCM Examinations Pte. Ltd. responsible for any damages caused and non-arrival of my exam report after it has been posted by mail.

Normal Mail (Examination Office will not be responsible for any loss of mail.)

Registered Mail (Additional charge of \$5.00 for Singapore / \$10.00 for Overseas.)

I **DO NOT WANT** to receive my **PRACTICAL** examination report by mail. I will personally collect the examination report upon receiving the **collection letter** from TCM Examinations by *email.

*email address: _____

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

Collection Venue: Parkway Parade Century Square, Tampines The Centrepoint, Orchard

Additional Information:

- Candidates **Must** use **Original** scores for exam including those chosen from Alternative Repertoires Lists.
- Candidates who are performing music from **alternative repertoire lists** will need to provide photocopies of these alternative pieces for the examiner as a reference on the examination day.
- 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, Adaptor and **Original** exam book.
(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. www.trinitycollege.com

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

(Parent/Guardian must sign if candidate is below 21 years old)

Completing this form

Trinity College London will use this information for exam administration purposes, conducting and marking exams and assessments, and issuing exam results and certificates.

The data may be shared with Trinity's delivery partners for the purpose of administrating and managing exam sessions, and with third-party suppliers for result entry processing and the issue and dispatch of certificates. For more information explaining how we use your information please see trinitycollege.com/data-protection

Please read the notes carefully.

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 representative. Do not send entries to Trinity's central office, unless advised to do so by staff at that office.

A Applicant details

Please tick this box if you would like to receive updates about our products and services.*

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 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 cannot accept responsibility if the information given is inaccurate.

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

*If you agree, you will be sent updates about Trinity's products and services from Trinity and our delivery partner/ local area representative in your area. You can unsubscribe at any time.

Exam regulations and data processing consent

The person named in section A must tick the relevant consents, then sign and date each form. This constitutes an agreement to abide by Trinity College London's exam regulations which are published at trinitycollege.com/music-regulations

Information is held in accordance with Trinity's data protection policy – please see trinitycollege.com/data-protection

Candidates and applicants based outside the EEA

As part of our data protection obligations, we need to ensure that when we send personal data outside the EEA we do so on the basis of your explicit consent, or by putting in place measures to ensure your information is protected. This is because the laws outside the EEA may not afford the same level of security and protection.

B Exam regulations and data processing consent

Please tick as applicable and sign below.

Exam regulations (must be completed)

I agree that I/the candidates will abide by the regulations of Trinity College London as published at trinitycollege.com/music-regulations

Candidates under 16

I have obtained parent/guardian consent for the processing of personal data about candidates under 16 for the purposes stated on this form.

Candidates with special needs

I have obtained consent for the processing of sensitive personal data for the purpose of requesting special adjustment.

Candidates and applicants based outside the EEA

I consent/have obtained consent to the transfer of personal data from Trinity to the local area representative/exam centre based in the candidate's locality.

Signature _____ Date _____

C About the exam

For exam dates please contact your local representative, or for UK entries go to trinitycollege.com/music-entry

Centre name _____

Month of exam _____ Year _____

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

D Group details

Group name _____

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

E Name of school

Complete this section if you want the name of the school on certificates.

School _____

F Candidates with special needs

Number of special needs provision requests _____

Please complete a special needs provision form for each candidate this applies for. The form can be downloaded from trinitycollege.com/music-csn or can be obtained from your local Trinity representative.

The special needs provision form and appropriate supporting documentation (if required), must accompany the entry.

Please ensure the special needs box is ticked against each provision needed (see section H).

G Total fees

Payment of _____ enclosed for total fees.

A receipt will be issued only if your name is entered in the **RECEIPT** section at the bottom of the page and a stamped addressed envelope is enclosed with your entry.

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
There is no separate subject code for Choral Assessment.

Notes

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 at which candidates are **not** available for exam.

Details of your local representative can be found at trinitycollege.com/worldwide

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

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 in the subject as it appears in the relevant syllabus (eg Advanced Certificate (Ensemble)).

Write in the level for the exam – see table below.

Write in the subject code for the exam – see table below.

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 Late-entry fee (see late-entry procedure at trinitycollege.com/music-regulations)

If information on fees is required, please contact your local representative – details at trinitycollege.com/worldwide. Fees for exams in the UK and Ireland can be found at trinitycollege.com/UK-music-entry

Name of school

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

Candidates with special needs

Please indicate the number 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 must 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 (if required), must accompany the entry. Please see trinitycollege.com/music-csn for more information.

Total fees

Write here the total fees covered by all entry forms being submitted. **Cheques should be made payable to TCM Examinations Pte. Ltd.**

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 _____

H Candidate details

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.

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 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 2 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 3 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 4 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 5 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 6 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 7 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

Candidate 8 - NRIC/PP : _____ Please tick if this is the candidate's first entry
Date of birth

D	D	M	M	Y	Y		

 Male / Female M or F Special needs?
(Please tick, if applicable – see section F)
Full name _____
Unique learner number (see note) _____ NCN (see note) _____

If you are entering more than eight participants, please tick here, write the names on a separate sheet and staple it to the entry form.

Notes

Candidate details

Please refer candidates to trinitycollege.com/data-protection for information about how Trinity will use their personal data.

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 may be communicated to examiners, exam centres and our results processing service providers for administrative purposes.

Tick the box if the candidate has any special needs requirements. See **section F**.

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.

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. For more information explaining how we use your information please see trinitycollege.com/data-protection

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. For more information explaining how we use your information please see trinitycollege.com/data-protection