

Entry form



Diploma in instrumental/Vocal Teaching and Music Education

You will need to read the Supplementary Information insert before completing the entry form.

We may not be able to process incorrect or incomplete entry forms and those without the necessary enclosures.

The note numbers in the left margin refer you to specific sections of the Supplementary Information.

Use this form for:

- DipABRSM Principles of Instrumental/Vocal Teaching
- LRSM Instrumental/Vocal Teaching
- FRSM Music Education

1 Candidate information **all candidates**

Please use **BLOCK CAPITALS**

note 1	Candidate/ Applicant Number	<input type="text"/>	if known
	Title	<input type="text"/>	for example Dr, Mr, Mrs, Mdme, Miss, Ms
note 2	Family name (surname)	<input type="text"/>	Family name first <input type="checkbox"/> optional
	Given name	<input type="text"/>	
	Degrees/ Diplomas	<input type="text"/>	
note 3	Address line 1	<input type="text"/>	
	Address line 2	<input type="text"/>	
	Address line 3	<input type="text"/>	
	Address line 4	<input type="text"/>	
	Postcode	<input type="text"/>	
	Country	<input type="text"/>	
	Home telephone	<input type="text"/>	
	Work telephone	<input type="text"/>	
	Mobile telephone	<input type="text"/>	
	Fax	<input type="text"/>	
note 4	E-mail	<input type="text"/>	
note 5	Date of birth	<input type="text"/>	ddmmyy for DipABRSM you must be 18 at the date of entry for LRSM you must be 20 at the date of entry
note 6	Male/Female	<input type="checkbox"/> M <input type="checkbox"/> F	
note 7	Identification	<input type="checkbox"/> Passport <input type="checkbox"/> National Identity card <input type="checkbox"/> Driving licence	Please enclose a photocopy of one identification document

2 Exam information **all candidates**

notes 8 & 9

Tick one box only instrument

DipABRSM _____

LRSM _____

FRSM _____

2a Interpreter **all candidates**

note 10

I intend to bring an interpreter to my exam

Yes This person must be an independent person who is neither your teacher nor a relative

No

2b Access (for candidates with specific needs) **optional**

note 11

You may tick more than one box

I need Braille Quick Study

Large notation Quick Study

Modified staff notation Quick Study – preferred layout must be specified (see note 12)

Large notation Quick Study from memory

Modified staff notation Quick Study from memory – preferred layout must be specified (see note 12)

Time allowance for hearing impairment please include a letter if you also intend to use a sign language interpreter

Time allowance for dyslexia/other learning difficulties

Time allowance for autistic spectrum disorders

Other – details attached

note 12

Documents **I enclose an authenticating document confirming my requirements**

3 Exam date preferences **optional**

note 13

Please look up the available months in the **Dates and Fees** leaflet for your country

Preferred month _____

4 Centre details **all candidates**

note 14

I would like to take my exam at a public centre

Public centre name _____

note 15

I cannot take my exam at a public centre and would like to take it at the private centre below

Private centre name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Postcode _____

Centre phone number _____

5 Checklist

notes 16-19

DipABRSM

with Substitution

- Prerequisites I have **ABRSM Grade 8 Practical** (please attach photocopy of certificate or mark form) or I am fulfilling the prerequisite through a **Listed Substitution** (please attach substantiating evidence)
- I have **ABRSM Grade 6 Theory (1992 syllabus)** (please attach photocopy of certificate or mark form) or I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (please attach letter of approval)
- I have **ABRSM Grade 6 Theory (1992 syllabus)** (please attach photocopy of certificate or mark form) or I am fulfilling the prerequisite through a **Listed Substitution** (please attach substantiating evidence)
- I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (please attach letter of approval)
- I am **18 years old** or over (please attach photocopy of identification document)
- Requirement I enclose my **Written Submission** and **candidate declaration form (6a)** front & back) or I am fulfilling the requirement through a **Listed Substitution** (please attach substantiating evidence)

LRSM

with Substitution

- Prerequisites I have **DipABRSM (Principles of Instrumental/Vocal Teaching)** (please attach photocopy of certificate) or I am fulfilling the prerequisite through a **Listed Substitution** (please attach substantiating evidence)
- I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (please attach letter of approval)
- I have **ABRSM Grade 8 Theory (1992 syllabus)** (please attach photocopy of certificate or mark form) or I am fulfilling the prerequisite through a **Listed Substitution** (please attach substantiating evidence)
- I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (please attach letter of approval)
- I am **20 years old** or over (please attach photocopy of identification document)
- Requirements I enclose my **Case Study Portfolio & Video of Teaching Practice** and **candidate declaration form (6b)** front & back) No substitution is allowed. *These must pass before you may proceed with the rest of the exam*
- I understand that I must enclose my **Written Submission** with my final payment only when I have received confirmation that I may proceed with the rest of the exam or I intend to fulfil the requirement through a **Listed Substitution** (please attach substantiating evidence)

FRSM

with Substitution

- Prerequisite I have **LRSM (Instrumental/Vocal Teaching)** (please attach photocopy of certificate) or I am fulfilling the prerequisite through a **Listed Substitution** (please attach substantiating evidence)
- I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (please attach letter of approval)
- Requirement I enclose my **Written Submission, letter from ABRSM confirming topic approval** and **candidate declaration form (6a)** front & back) or I am fulfilling the requirement through a **Listed Substitution** (please attach substantiating evidence)

continued overleaf

6a Candidate declaration form for Written Submissions sent with this form

note 20

Family name (surname) _____

Given name _____

Date of submission _____ ddmmyy

Dip ABRSM and FRSM

Written Submission

Please read and sign the declaration

Send this declaration with your submission

note 20

Declaration I confirm that I have read the regulations in the *Diploma Syllabus* and that:

- The enclosed **Written Submission** is genuinely my work and I am the sole author
- It has not previously been submitted to ABRSM or to any other institution or agency for another academic award
- The sources used and quoted are properly acknowledged and listed
- I have read the section on plagiarism below and understand that I will be penalised or disqualified if a charge of plagiarism is upheld

Signature _____

Date _____ ddmmyy

Plagiarism *ABRSM defines plagiarism as an attempt to pass off as one's own the work of others. Thus copying from a printed or unprinted source without acknowledging it, or constructing a précis of someone else's writing without citing indebtedness to that writer, constitutes plagiarism.*

In preparing the Written Submission candidates are encouraged and expected to read widely to demonstrate the breadth of their reading and, where appropriate, to quote the work of others. However, such quotations and references must be properly and fully attributed in accordance with the advice provided by ABRSM. Candidates who ignore this advice run the risk of being accused of plagiarism.

The Chief Examiner will refer any suspected cases of plagiarism to the Diploma Board. The Diploma Board may disqualify a candidate if the charge of plagiarism is upheld. Candidates will have a right of appeal and representation if such charges are made.

6b Candidate declaration form **LRSM** only

note 21

Family name (surname) _____
Given name _____
Date of submission _____ ddmmyy

LRSM

Case Study Portfolio & Video of Teaching Practice

This section must gain a pass before you may proceed with the rest of the exam

note 22

I have gained written permission from parents/guardians to film any children featured on the Video

Please read and sign the declaration

Send this declaration with your Portfolio & Video, to arrive no later than three months before the published last date of entry

see *Dates and Fees* leaflet for your country

note 21

Declaration I confirm that I have read the regulations in the *Diploma Syllabus* and that:

- The enclosed **Case Study Portfolio** and **Video of Teaching Practice** are genuinely my work and I am their sole author
- They have not previously been submitted to ABRSM or to any other institution or agency for another academic award
- The sources used and quoted are properly acknowledged and listed
- I have read the section on plagiarism below and understand that I will be penalised or disqualified if a charge of plagiarism is upheld

Signature _____

Date _____ ddmmyy

Plagiarism *ABRSM defines plagiarism as an attempt to pass off as one's own the work of others. Thus copying from a printed or unprinted source without acknowledging it, or constructing a précis of someone else's writing without citing indebtedness to that writer, constitutes plagiarism.*

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7 Payment all candidates

Fees Please indicate your chosen entry option below.
Refer to the *Dates and Fees* leaflet for your country for details of Entry Fees.

	DipABRSM	LRSM	FRSM
I intend to take the complete exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or			
I intend to substitute the Written Submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

note 23

Dip ABRSM and FRSM

I enclose payment of _____ refer to the *Dates and Fees* leaflet for your country

note 24

LRSM

I enclose payment of _____ **being 40% of the full LRSM exam fee**
refer to the *Dates and Fees* leaflet for your country

note 25

I have read and undertake to abide by the regulations in the current *Diploma Syllabus*

Candidate's signature _____

Date ddmmyy

Please send the form, together with your payment, to your local Representative

(see the *Exam Information & Regulations, International Edition*,
or the *Dates and Fees* leaflet for your country).

Where there is no Representative, send the form and payment to:
ABRSM
24 Portland Place
London W1B 1LU
United Kingdom

Please mark the envelope 'International exams'.