

TRINITY COLLEGE LONDON

EXAM ENTRY FORM FOR USA/CANADA TEACHERS

DIGITAL CLASSICAL & JAZZ SOLO GRADED AND WRITTEN EXAMS

Completing This Form:

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

The data may be shared with Trinity's delivery partners for the purpose of administering and managing exam sessions, and with third-party suppliers for results entry processing and the issue and dispatch of certificates.

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

This is a fillable form. Each form must be signed by the teacher making the entry and the total fees on each form must be filled in the space provided.

A separate form must be used (i) when the name of the teacher's studio/school varies between one group of candidates and another (ii) for written exams (iii) if more than 12 candidates.

Payment Procedures:

Each exam hub/center has its own registration and payment procedures and deadlines.

Please contact the exam hub/center representative directly for registration and payment procedures.

Exam Regulations and Data Processing Consent:

Please check (mandatory) and sign below.

Exam regulations

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

Candidates and Applicants based outside of UK

I consent/have consent to the transfer of personal data from Trinity to the local area representative/exam center based in the candidates' locality.

Candidates with Special Needs (check if appropriate)

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

Signature:

Date:

A. USA/Canada Teacher's Contact Details:

First Name

Last Name

Address

City

State/Province

Postcode

Country

Tel. Mobile

Home

Email

Is this the first time you have entered candidates for a Trinity exam?

B. Name of Teacher's Studio/School (e.g., Jone Doe Piano Studio):

C. Exam Hub/Center and Session:

Center:

Session:

Year:

D. Candidates with Special Needs:

Name of special needs candidate

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 representative.

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

E. Total Fees and Payment Method:

Total Fees Amount:

Method of Payment: Electronic

Cheque:

Date Paid:

Payment and completed registration form sent by: email

or mail/post

Please Note: Payment and completed Registration Form MUST BE SENT TOGETHER ON THE SAME DAY.

CANDIDATE DETAILS (Please note that if the drop list does not work, you may type in the information)

Candidate 1

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 2

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 3

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 4

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

CANDIDATE DETAILS (Please note that if the drop list does not work, you may type in the information)

Candidate 5

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 6

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 7

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 8

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

CANDIDATE DETAILS (Please note that if the drop list does not work, you may type in the information)

Candidate 9

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 10

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 11

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees:

Candidate 12

First Name	Middle	Last
Date of Birth: Day	Month	Year
Gender:	Candidate Number (if known):	Candidate's First Entry?
Subject:	Grade:	Fees: