

Entry form

Diploma in Music Performance



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 Music Performance
- LRSM Music Performance
- FRSM Music Performance

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
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	A photocopy must be enclosed with this form

2 Exam information **all candidates**

notes 8–10

Tick one box only

main instrument

specialist option

no. of players

DipABRSM

LRSM

FRSM

2a Interpreter **all candidates**

note 11

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 special needs) **optional**

note 12 **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 13)

Large notation Quick Study from memory

Modified staff notation Quick Study from memory – preferred layout must be specified (see note 13)

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 13

Documents

I enclose an authenticating document confirming my requirements

3 Exam date preferences **optional**

note 14

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

Preferred month

4 Centre details **all candidates**

note 15

I would like to take my exam at a public centre

Public centre name

note 16

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 17-20

DipABRSM

with Substitution

Prerequisite I have **ABRSM Grade 8 Practical**
(photocopy of certificate or mark form enclosed)

or I am fulfilling the prerequisite through a **Listed Substitution** (substantiating evidence enclosed)

or I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (letter of approval enclosed)

LRSM

with Substitution

Prerequisite I have **DipABRSM (Music Performance)**
(photocopy of certificate enclosed)

or I am fulfilling the prerequisite through a **Listed Substitution** (substantiating evidence enclosed)

or I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (letter of approval enclosed)

FRSM

with Substitution

Prerequisite I have **LRSM (Music Performance)**
(photocopy of certificate enclosed)

or I am fulfilling the prerequisite through a **Listed Substitution** (substantiating evidence enclosed)

or I am fulfilling the prerequisite through appropriate professional experience and have already gained ABRSM approval (letter of approval enclosed)

Requirement I enclose my **Written Submission** and **candidate declaration form**
(6a front & back)

note 21

Family name (surname) _____

Given name _____

Date of submission _____ **ddmmyy**

Written Submission (FRSM only)**Please read and sign the declaration****Send this declaration with your Submission**

note 21

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.

note 21

Family name
(surname) _____

Given name _____

Level DipABRSM LRSM

Date of exam _____ ddmmyy

Programme Notes (DipABRSM and LRSM only)**Please read and sign the declaration****Keep this declaration and give it to the examiners
at the start of your exam**

note 21

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

- The attached **Programme Notes** 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.

In preparing the Programme Notes 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.

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7 Payment all candidates

note 22

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

	DipABRSM	LRSM	FRSM
I wish to take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

note 23

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

I enclose a photocopy (NOT the original) of my identification document

note 24

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

Candidate's signature _____

Date ddmmyy

8 Parent/Guardian information under 16

note 25

If you are under 16 your parent or guardian must complete this section and sign the undertaking below.

Parent/
Guardian
family name
(surname) _____

Given name _____

Address _____

Postcode _____

Country _____

On behalf of the candidate, I have read and undertake to abide by the current *Diploma Syllabus*

Parent/
Guardian
signature _____

Date ddmmyy

Please send the form, together with your payment, to your local Representative
(see the *Examination Information and 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'.