

# Entry form (non-UK)

## Diploma in Music Performance



You will need to read the **Supplementary Information** insert before completing the entry form. Please note that a separate entry form is required for UK & Ireland entries.

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

\_\_\_\_\_ if known

Title

\_\_\_\_\_ for example Dr, Mr, Mrs, Mdme, Miss, Ms

**note 2**

Family name  
(surname)

\_\_\_\_\_

Family  
name first

**optional**

Given name

\_\_\_\_\_

Degrees/  
Diplomas

\_\_\_\_\_

**note 3**

Address  
line 1

\_\_\_\_\_

Address  
line 2

\_\_\_\_\_

Address  
line 3

\_\_\_\_\_

Address  
line 4

\_\_\_\_\_

Postcode

\_\_\_\_\_

Country

\_\_\_\_\_

Home  
telephone

\_\_\_\_\_

Work  
telephone

\_\_\_\_\_

Mobile  
telephone

\_\_\_\_\_

Fax

\_\_\_\_\_

**note 4**

E-mail

\_\_\_\_\_

**note 5**

Date of birth

\_\_\_\_\_ **ddmmyy**

**note 6**

Male/Female

**M/F**

**note 7**

Identification

Passport

National  
Identity card

Driving  
licence

**Please enclose a photocopy of  
one identification document**

## 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 specific 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**  
(please attach photocopy of certificate  
or mark form)

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

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

## LRSM

with Substitution

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

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

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

## FRSM

with Substitution

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

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

**or**  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** 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 turn 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.*

*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.*

## 7 Payment all candidates

note 22

**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 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 *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'.