



# Retake entry form

## Diplomas

### This form is for:

**Complete or partial retakes** of DipABRSM, LRSM and FRSM, under the 2005 Syllabus.

Your retake options are detailed in the letter sent with the result of your previous exam.

If you need further advice or guidance please contact the Diplomas Team.

You can email us at [diplomas@abrs.ac.uk](mailto:diplomas@abrs.ac.uk) or call us on +44 (0)20 7636 5400.

### Office use only

cc      cq

 

ePDQ (date)

fee sheet/ref no.

outstanding documentation

## 1 Exam information all candidates

Please tell us which Diploma Exam you are retaking by ticking the relevant box.

	Dip ABRSM	LRSM	FRSM
<b>Performance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teaching</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Direction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the option indicated above, please select which section(s) of the exam you would like to retake. Further details are included in the attached letter.

<b>Section 1</b>	<input type="checkbox"/>
<b>Section 2</b>	<input type="checkbox"/>
<b>Section 3</b>	<input type="checkbox"/>
<b>Main Instrument/ Specialist Option</b>	<input type="text"/>

## 2 Candidate information all candidates PLEASE USE BLOCK CAPITALS

Candidate number	<input type="text"/>
Title	<input type="text"/> for example Dr, Mr, Mrs, Mdme, Miss, Ms
Family name (Surname)	<input type="text"/> Family name first (optional) <input type="checkbox"/>
Given Name	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
Address	<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"/>
Email	<input type="text"/>

## 2b Identification all candidates

Please tick one box to indicate which form of identification you will bring to the exam

Passport  Driving licence

Please bring your identification to your exam; do not send it with this entry unless you are a Teaching Diploma candidate

## 3 Access arrangements and reasonable adjustments essential for candidates with specific needs

If you require the same special tests or arrangements as for your last exam, we will confirm your requirements from our records. If these have changed, please contact the Diploma Team to discuss this.

I require:  The same access arrangements and reasonable adjustments as for my last entry  
 Different access arrangements and reasonable adjustments from previously

## 4a Exam dates Performance & Teaching candidates excl. Organ, Percussion & Harpsichord

All Direction candidates, as well as Performance & Teaching candidates in Organ, Percussion and Harpsichord, should omit Section 4 and complete Section 5 instead

Preferred month

Any preference given will be taken into account, although no guarantee can be given to allocate particular dates or times  
Please look up the available months on the *Dates and Fees* page at [www.abrsm.org](http://www.abrsm.org)

## 4b Public Venue details Performance & Teaching candidates excl. Organ, Percussion & Harpsichord

Public Venue name

## 5 Private Visit details All Direction Candidates Performance & Teaching candidates in Organ, Percussion & Harpsichord

Section 5 should only be completed by Direction candidates, as well as Performance and Teaching candidates who are entering for an exam in Organ, Percussion and Harpsichord

Private Visit address	
Private Visit address	
Private Visit address	
Private Visit address	
Postcode	
Country	
Preferred Visit date	

Any preference given will be taken into account, although no guarantee can be given to allocate particular dates or times

### How we use your information

ABRSM and ABRSM Publishing will use the personal information that you provide in accordance with applicable data protection laws and our Privacy Policy - available at [www.abrsm.org/privacypolicy](http://www.abrsm.org/privacypolicy).

We will process your personal information to carry out our obligations under and contract between you and us, and where otherwise reasonably necessary for our purposes.

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## 6 Signature all candidates

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

Candidate's Signature

Date | | | | | ddmmyy

If you are a Direction or Performance candidate who is under 18, your parent or guardian must complete this section and sign the undertaking below

Parent/Guardian family name

Forename

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

Parent/Guardian's signature

Date | | | | | ddmmyy

### How we use your information

ABRSM and ABRSM Publishing will use the personal information that you provide in accordance with applicable data protection laws and our Privacy Policy - available at [www.abrsm.org/privacypolicy](http://www.abrsm.org/privacypolicy).

We will process your personal information to carry out our obligations under and contract between you and us, and where otherwise reasonably necessary for our purposes.

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## 7 Payment all candidates

Your retake letter indicates the entry fee for your chosen option should you decide to retake in the next session of Diploma exams. However, your partial retake options apply for 3 years. If you do not retake immediately please contact the Diploma Team for confirmation of the current entry fee.

Please be aware that the cost of Diploma exams changes each year. By entering for a complete or partial retake, you will be subject to the cost for the year in which you sit the exam. For more information about Diploma exam fees, please see [www.abrsm.org](http://www.abrsm.org).

I enclose a payment of

refer to the *Dates and Fees* page on our website

Please send the completed form, with your payment and photocopy of identification document, to your local Representative (see the *local exam contacts* page on our website)

Where there is no Representative, please send the completed form and payment to:

ABRSM  
4 London Wall Place  
London EC2Y 5AU  
United Kingdom

Please mark the envelope 'International Diploma exams'.