

ABRSM THEORY EXAMINATION REGISTRATION FORM

ENTRY REQUIREMENTS AND PROCEDURES

- 1. Candidate must submit the following:
 - ABRSM Theory Registration Form
 - Collecting Child from Examination Venue Form with authorized person's copy of valid id
 - Registration fees
 - Photocopy of valid passport or Kuwaiti civil id

APPLICATION DEADLINE

Tuesday, 18 September 2018

Kindly visit www.britishcouncil.com.kw for our office opening hours

SPECIAL ARRANGEMENTS AND SPECIAL NEEDS

Special arrangements are made to allow candidates with substantial and long-term disabilities to gain access to the examination venues, demonstrating their attainment in the best possible examination conditions. Any special arrangements like extra time allowance, provision of specially adapted papers, assistance with reading or writing etc. must be mentioned clearly in the registration form. For more information or an enlarged copy of the registration document kindly contact the customer services team. A Health Form must be submitted along with the supporting recent medical evidence by **Tuesday, 18 September 2018**

EXAM DATE

Saturday 03 November

- Candidates registered directly with British Council will receive an email notification (venue letter) with the exam details by Thursday, 18 October 2018
- An email notification (venue letter) with the exam details will be sent to the music teachers by Thursday, 18 October 2018 who will in turn forward the same to their candidates respectively

EXAMINATION RESULTS AND COLLECTION OF CERTIFICATES

 Certificates and results will be ready for collection approximately 3 months after the date of exams. An email notification intimating the above will be sent out to candidates closer to the deadline dates.

FURTHER INFORMATION:

 For further information and past papers, please access the ABRSM website: https://kw.abrsm.org/en/exam-support/



- Please ensure that the information provided is accurate and all necessary documents are attached to this form in order to prevent any delay in processing your application.
- Please write your full name in CAPITAL LETTERS as mentioned in your passport/national ID.
- Fields proceeded with an asterisk * are mandatory.
- Please leave blanks to indicate spaces in your name.

| Name in capital letters* | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|--------|---------------------|-------|---------|------------|-----|------|----------|------|------|--------|---------|-----------------|-----|----|---|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth* | | | | | | Gender* | | | | ID Type* | | | | | ID Valid until* | | | | | | | | |
| DD MM YYYY | | | O Male | | | | O Passport | | | | | DD | | М | М | YYY | ſΥ | | | | | | |
| | | | | O Female O Civil ID | | | | | | | | | | | | | | | | | | | |
| This | Civil ID / Passport Number This ID MUST be brought to the examination venue. All candidates must attach a copy of their valid Passport or Kuwaiti Civil ID. | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Coı | ntac | t det | ails | (Plea | ise ι | ıse n | umb | ers | that | are | atte | nded | d at a | all tii | nes) | | | | | | | | |
| Telephone | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | |
| Country of origin | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any special needs due to ill health/medical conditions? | | | | | | | | al | | | | YI | ES | | | | N | 0 | | | | | |

If yes, please specify your requirements in the Health Form (please check with our Customer Services staff). You must attach recent medical evidence with the form by 18 September 2018. All special needs requests are subject to approval from ABRSM.

FEE INFORMATION

| Grade | Instrument | Total KD | Tick as appropriate |
|---------|------------|----------|---------------------|
| Grade 1 | | 28.750 | |
| Grade 2 | | 30.000 | |
| Grade 3 | | 32.500 | |
| Grade 4 | | 33.750 | |
| Grade 5 | | 35.000 | |
| Grade 6 | | 37.500 | |
| Grade 7 | | 38.750 | |
| Grade 8 | | 40.000 | |



*If you are registering for more than one instrument/grade, please tick the relevant boxes in the same application form and pay the respective fees.

CANCELLATION/REFUND POLICY:

No cash refund request is accepted. However, a re-entry voucher for the same exact board fee and exam grade can be issued upon board approval.

RE ENTRY VOUCHER:

In accordance with Regulation 9, the candidate is permitted to re enter for an exam in the same subject and in the same or in a higher grade/level, at a reduced fee.

Vouchers issued are now valid only until 31 December. Please note that you will be required to pay any increase in cost resulting from a change in exam fees since the voucher was issued. No further re-entry vouchers will be issued for any exam.

This voucher has no cash value and is non-transferable.

| For Office Use Only | | | | | | | | | |
|---------------------|---------|-------|---|----------------------|--|--|--|--|--|
| CS staff initials | Date | / | / | Total amount paid KD | | | | | |
| WBS | M/127/0 | 07/03 | | | | | | | |

CHILD PROTECTION

The British Council recognises that we have a fundamental duty of care towards all of the children we engage with, including a duty to protect them from abuse. We achieve this through compliance with UK child protection laws and relevant laws in each of the countries we operate in, as well as by adherence to the United Nations Convention on the Rights of the Child (UNCRC) 1989.

Parents/legal guardians of candidates are responsible for dropping their children to the exam venue at the reporting time and collecting them at the end of the exam.

DISCLAIMER

The British Council prides itself on providing quality service and will take all reasonable steps to make sure that the examinations take place on time and are properly conducted. To help us to do this, please ensure that you are familiar with the arrangements and any relevant regulations concerning your examination. The British Council cannot, however be held responsible for events or circumstances, which are outside its control or for any error, fault or omission by an examining board or any other third party.

DECLARATION BY CANDIDATE:

- I certify that the information on this form is complete and accurate to the best of my knowledge and that I have referred to the syllabus specifications to ensure that I am registering for the correct subject.
- I understand that British Council is not responsible for any clash between ABRSM exam dates and school examination dates/school working hours.
- I understand that Fees are neither refundable nor carried forward to next examination session. No cash refund is applicable. However, for medical reasons or other exceptional circumstances (approved by ABRSM board and agreed by the candidate) a Re-Entry Voucher for the board fee can be issued for the next session.



ABRSM Theory Examinations Saturday, 03 November 2018

DATA PROTECTION FAIR COLLECTION NOTICE

Under the terms of the United Kingdom's Data Protection Act - 1988, the British Council is required by law to manage any personal information you give us about yourself or your child securely and only for the purposes we have specified below:

- To maintain academic and educational records of our customers.
- To maintain accurate financial records.
- To register our customers.
- To be able to cater for any special needs our customer may have.
- To provide academic records for our candidate' sponsors where applicable.
- To distribute information to customers.
- We may want to use your information to send you details of British Council activities, services and events (including social events) which you might find of interest.

You have the right to ask for a copy of the information we hold on you, for which we may charge a fee, and the right to ask us to correct any inaccuracies in that information.

If you do want to see a copy of your information, please contact the Data Protection Team by e-mail at **dataprotection@britishcouncil.org**, or send in your request to, the Data Protection Team, The British Council, 10 Spring Gardens, London SW1A 2BN or your local British Council office.

By signing this, you agree to allow the British Council to collect and process this information for the purpose specified above which may involve the transfer of your data to another British Council Office or other parties as outlined above.

| CANDIDATE SIGNATURE | DATE | |
|------------------------------|------|--|
| PARENT/GUARDIAN SIGNATURE | DATE | |

| BY TICKING THIS BOX, YOU ARE AGREEING TO RECEIVE FURTHER DETAILS OF THE BRITISH COUNCIL ACTIVITIES, SERVICES, PROMOTIONS AND EVENTS. |
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COLLECTING CHILDREN FROM EXAMINATIONS VENUE

Dear Parent,

Your child's safety is our priority, therefore we are pleased to share with you the arrangement for how children will depart from their examination venue.

| Parent's signature: | Da | nte: | |
|--|-------------------------------------|--|--|
| Parent's name: | Th | eory Grade: | |
| Child's name: | Ag | e on day of exam: | |
| Many thanks Examinations Department British Council Kuwait | t . | | |
| | _ | | ination venues. If you need working days before the |
| | | | |
| | | | |
| Authorised Person Name | Contact No of the authorised person | Relationship to your child (mother, brother, sister, driver etc) | Age (if Authorised Person is a sibling) |
| You can tell us more than | one name for the Authoris | sed Person if you wish. | |
| If coming by car, the Aut and be ready to collect or | horised Person must give n time. | themselves sufficient tir | me to find a parking space |
| Civil ID Passport | Driver's license | | |
| The Authorised Person m | ust bring one of the followi | ing ID types (or a clear p | hotocopy): |
| Authorised Persons can b | e either adults aged 18 + | or siblings aged 14 | l + |
| * AUTHORISED PERSONS | Please note the following | g information carefully: | |
| Children aged 10 or less | must always be collecte | ed by an AUTHORISED PE | ERSON* |
| YE | S, I give <u>consent</u> for my ch | ild to leave the Examinat | tion Venue unaccompanied |
| Cililaren agea 11-14 | - | one IF parents provide w | |
| Children aged 11-14 | can be collected by an | AUTHORISED PERSON* | or |
| Children aged 15-17 | can leave the venue alo | one | |