

Entry form for group and pair exams in drama and performance subjects

Completing this form

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

The data may be shared with Trinity's delivery partners for the purpose of administrating and managing exam sessions, and with third-party suppliers for result entry processing and the issue and dispatch of certificates. For more information explaining how we use your information please see trinitycollege.com/data-protection

Please read the notes carefully.

A Applicant details

Please use BLOCK CAPITALS throughout, except for the signature. Please write in black ink.

This form should be used for groups of three or more candidates, and all pair entries.

A separate form must be used for each group. Space is given to list the names of up to eight candidates in the group. If you have more than eight candidates in one group, please continue on a separate sheet. Additional sheets should be stapled to the entry form.

Send completed entry forms to your local representative. Do not send entries to Trinity's central office, unless advised to do so by staff at that office.

riease lic	ck this box if you would like to rece	ive upuates about	our products and services."
Name			
Address			
			Postcode
Tel.	(day) Area code	No	
	(evening) Area code	No	
Email			
Is this th	e first time you have entered		
candidates for a Trinity exam? Yes / No (Please circle your answer, eg			(Please circle your answer, eg (Yes))
		•	•
B Fxa	nm regulations and dat	a processing	g consent
Please ti	ick as applicable and sign below	.	
Exam re	egulations (<i>must be complete</i>	d)	
	ree that I/the candidates will ab lished at trinitycollege.com/dr a	,	tions of Trinity College London as
Candida	ites under 16		
	ve obained parent/guardian con didates under 16 for the purpose		
Candida	tes with special needs		
	ve obtained consent for the pro uesting special adjustment.	cessing of sensiti	ive personal data for the purpose of
Candida	ites and applicants based out	side the EEA	
	nsent/have obtained consent to a representative/exam centre ba		personal data from Trinity to the local date's locality.

Notes

Applicant details

The person named in this section accepts responsibility for entering the candidates named on the form.

The named person may be a teacher, a parent/guardian of a younger candidate or an adult candidate. Where relevant, this person can act on behalf of a school or company.

All communications will be sent to this person and will be sent to the address given here. Trinity cannot accept responsibility if the information given is inaccurate.

Please give telephone numbers at which the named person can normally be contacted.

*If you agree, you will be sent updates about Trinity's products and services from Trinity and our delivery partner/ local area representative in your area. You can unsubscribe at any time.

Exam regulations and data processing consent

The person named in section A must tick the relevant consents, then sign and date each form. This constitutes an agreement to abide by Trinity's exam regulations which are published at trinitycollege.com/dramaregulations

Information is held in accordance with Trinity's data protection policy – please see trinitycollege.com/data-protection

Candidates and applicants based outside the EEA

As part of our data protection obligations, we need to ensure that when we send personal data outside the EEA we do so on the basis of your explicit consent, or by putting in place measures to ensure your information is protected. This is because the laws outside the EEA may not afford the same level of security and protection

C About the exam		Notes
For exam dates please contact your loca	I representative, or for UK entries go to	About the exam
trinitycollege.com/drama-entry	·, · · · · · · · · · · · · · · · · · ·	Please indicate your preferred venue
Centre name		for exams. Give the month and year of the exam session
	for which you are entering.	
Month of exam	Please write here any dates or times during	
Give dates or times when you or your ca	ndidates are not available:	the relevant session at which candidates ar not available for exam.
		Details of your local representative can be
		found at trinitycollege.com/worldwide Representatives will do their best to mee
		requests to avoid specific dates, but this
D Group details		cannot be guaranteed.
Group name L L L L L L L L L L L L L L L L L L L		Group details
Subject	Subject Fee Fee Fee type	Write in the name given to the group. Pleas try to make sure that this name easily
Subject Grade [code Till ree type Till	identifies the group and is unique ('Group 2
		is not a good name). Write in the subject as it appears in the
E Name of school		relevant syllabus (eg Musical Theatre
Complete this section if you want the na	me of the school on certificates.	(group)).
		Write in the level for the exam – see table below.
School		Write in the subject code for the exam
		 - see table below. Show the fee for the exam, and indicate the
F Candidates with special ne	eds	type of fee:
	ests	F Full fee
		H Half-fee re-entry (this must be accompanied by a valid re-entry permit)
	form for each candidate this applies for. The form can	L Late-entry fee (see late-entry procedure
representative.	Irama-csn or can be obtained from your local Trinity	at trinitycollege.com/drama-regulation: If information on fees is required, please
,		contact your local representative – details
rne special needs provision form and app accompany the entry.	ropriate supporting documentation (if required), must	at trinitycollege.com/worldwide. Fees for exams in the UK and Ireland can be found a
, ,	(and against each provision pended (see section II)	trinitycollege.com/drama-entry
Please ensure the special fleeds box is tick	ked against each provision needed (see section H)	Name of school
		Give the name of the candidate's school, if
G Total fees		required on certificates.
Payment of	enclosed for total fees.	Candidates with special needs
•		Please indicate the number of candidates
the page and a stamped addressed envel	is entered in the RECEIPT section at the bottom of	with special needs. Please be aware that no concession can be made in the marking of
the page and a stamped addressed envel	ope is chelosed with your chiry.	the exam.
		If the candidate is under 16 years of age the special needs provision form must be signe
Grade/level codes	Subject codes	by a parent/guardian of the candidate or a
IN Initial	AIP Acting in Pairs	duly authorised agent. The special needs provision form and
01 Grade 1	GDD Group Drama (devised)	proof of the special needs (if required),
02 Grade 2	GDS Group Drama (scripts)	must accompany the entry. Please see trinitycollege.com/drama-csn for more
03 Grade 3 04 Grade 4	CSG Group Communication Skills (2010) GCS Group Communication Skills (2019)	information.
05 Grade 5	MTP Musical Theatre in Pairs	Total fees
06 Grade 6	MTG Group Musical Theatre	Write here the total fees covered by all entr
07 Grade 7	MPR Musical Theatre in Production	forms being submitted. Cheques should be
08 Grade 8	PAP Performance Arts in Pairs	made payable to Trinity College London.
BR Young Performers Bronze	PAG Group Performance Arts	
SI Young Performers SilverGO Young Performers Gold	APR Performance Arts in Production PPR Plays in Production	
Toding Ferrormers cold		
	Performance Certificates	
	YP Young Performers	
PECEIDE A receipt will be issued and	if your name is filled in here and a stamped addressed	envelope is analoged with your enter
		envelope is enclosed with your entry
Name		
or Trinity College London use only		

Signed ___

Received the sum of _____

Date _____

H Candidate details								
For each candidate, please give the full name as it should appear on the certificate. Underline the FAMILY NAME clearly below the line.								
Candidate 1 Date of birth D D M M Y Y		is the candidate's first entry Special needs? (Please tick, if applicable – see section F)						
Full name L L L L L L L L L L L L L L L L L L L								
Unique learner number (see note)		NCN (see note)						
Candidate 2 Date of birth D D M M Y Y Full name D D D D D D D D D D D D D D D D D D D	Please tick if this Male / Female L M or F	Special needs? [] (Please tick, if applicable – see section F)						
Unique learner number (see note)		NCN (see note)						
Candidate 3 Date of birth DDMMYY Full name DDMMYY	Male / Female L M or F	sis the candidate's first entry Special needs? (Please tick, if applicable – see section F)						
Unique learner number (see note)		NCN (see note)						
Candidate 4 Date of birth DDMMYY Full name DDMMYY Unique learner number (see note)	Please tick if this Male / Female M or F	sis the candidate's first entry Special needs? (Please tick, if applicable – see section F) NCN (see note)						
•	Diagonalist if this							
Candidate 5 Date of birth D D M M Y Y Full name D D See note)	Please tick if this Male / Female M or F	Special needs?						
Candidate 6 Date of birth D D M M Y Y Full name D D D M M Y Y Unique learner number (see note)	Please tick if this Male / Female M or F	sis the candidate's first entry Special needs? (Please tick, if applicable – see section F) NCN (see note)						
Candidate 7	Diagon tial, if this							
Date of birth L L L L L L L L L L L L L L L L L L L	Male / Female L M or F	sis the candidate's first entry Special needs? (Please tick, if applicable – see section F)						
Full name L L L L L L L L L L L L L L L L L L L								
Unique learner number (see note)		NCN (see note)						
Candidate 8 Date of birth D D M M Y Y Full name D D D D D D D D D D D D D D D D D D D	Please tick if this Male / Female L M or F	special needs? [] (Please tick, if applicable – see section F)						
Unique learner number (see note)		NCN (see note)						
If you are entering more than eight particpants, please tick here, write the names on a								
separate sheet and staple it to the ent		inte the names on a						

Notes

Candidate details

Please refer candidates to trinitycollege.com/ data-protection for information about how Trinity will use their personal data.

Write in each candidate's date of birth and gender. We are required to collect this information for various education and government bodies. This information may be communicated to examiners, exam centres and our results processing service providers for administrative purposes.

Tick the box if the candidate has any special needs requirements. See **section F**.

Write in each candidate's full name. This will be the name printed on certificates.

You must confirm the names of candidates taking part on the day of the exam – a list of candidates should be handed to the examiner at the time of the exam. This is particularly important in the case of large groups.

Unique learner number

In the UK, candidates studying for the Government Diplomas are able to submit pair drama graded exams exams towards the Additional/Specialist Learning unit of these qualifications. To enable the transfer of exam data to the relevant bodies, candidates/centres must submit their unique learner number as part of the entry process. For more information explaining how we use your information please see trinitycollege.com/data-protection

National centre number (NCN)

For UK applicants: If you teach your candidates for a school or a college please add the national centre number so that we can pass on the information to the Department for Education, for inclusion in the achievement and attainment tables. This data is passed to the Department for Education in confidence. For more information explaining how we use your information please see trinitycollege.com/data-protection