



For the use of Examination Board only

Serial no.: _____ Roll No.: _____ Centre: _____

Date of Application Received: _____ Fees applicable: £ _____ Late Fee: £ _____

Last date to submit Application: _____ Date of Payment: _____ By Cash/Cheque/BACS

1. Candidate's Details:

Title:	Master/Miss/Mr/Mrs/Dr	Date of Birth:	
First Name:		Middle Name:	
		Surname:	
Correspondence Address:			Postcode:
Tel. (day):		Tel. (eve.):	
Email for correspondence			
Please provide here any details of any special requirements for the practical and/or theory examinations.			

2. Special Needs Candidates:

Please provide the details of candidate's special needs the practical and/or the theory examination with the application form.
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3. Details of the Examinations you wish to be entered for:

Subject:		Grade:	
Examination Centre:		Date:	

4. Training Details:

Name of Teacher:		Teacher's Tel:	
Name of Institution:		Teacher's Email:	
Number of years that you have been learning your instrument/ dance/ singing:			

5. Details of the last Music/Dance examination in which you appeared:

Examination Board:		Roll No:	
Date (month & year):		Result:	
Subject:		Grade:	

You must check if your details and spellings of your names are correct on all our correspondence to you and advise us of any corrections in writing before your examination. The charge for replacement certificates is £25 (Grade Certificate) and £40 (Level Certificate).



6. Parent/Guardian (If candidate is under 16 years)

First Names:		Surname:	
Address:			
		Postcode:	
Tel.(day):		Tel (eve.):	
Email:			

7. Fee Details:

Entry Level	Grade Initial	£34.50
Level 1	Grade 1	£38.50
	Grade 2	£46
	Grade 3	£57
Level 2	Grade 4	£62
	Grade 5	£67
Level 3	Grade 6	£75
	Grade 7	£81
	Grade 8	£129

- Payment by cheque or Postal Order to: PRSSV Examinations
- Bank transfer in pounds sterling to: Barclays Bank (include candidate's name and Grade as reference)
Account Name: PRSSV Examinations
Sort Code: 20 42 73
Account Number: 73890368
- Late payment – administration fee of £20 – applications accepted ONLY if places are available.

Results will be declared within TWO calendar months of the examination date.

8. Candidate/Parent/Guardian Declaration

I hereby declare that:

1. I have carefully read the [regulations](#) and the [latest syllabuses](#) concerning the examinations of PRSSV and I assure the Examination Board that I will abide by them.
2. It is my responsibility to ensure that PRSSV receives *both the application form and the required fee* before the closing date.
3. I am aware that Examination **fees are neither refundable nor transferable** except ONLY in the case of a medical emergency. In such a case, failing to provide a medical certificate will result in cancellation of the exam and the candidate will have to apply and pay again for the next examination.
4. I will be present for the examination at a place and time directed by PRSSV.
5. I am aware that PRSSV will be filming all of the candidates during their examinations and that these recordings will be used ONLY for training and external moderation and will be regulated by PRSSV's privacy policy.
6. I understand that the processing of personal data by PRSSV is regulated by the General Data Protection Regulation (GDPR) 2018 and we will only keep personal information for as long as necessary.

SIGNATURE:

DATE:

Please type your name and date to sign.

You can email the form to examinations@prssv.com

OR post to:

PRSSV, Dominion Centre and Library, 112 The Green, Southall - UB2 4BQ