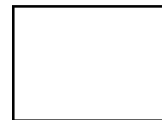


Public Centre Entry Form

Group Subjects

Introductory
Preparatory
Preliminary
Acting

Recital
Choral-Speaking
Devising Drama
Musical Theatre



LAMDA
THE LONDON
ACADEMY OF
MUSIC AND
DRAMATIC ART

IMPORTANT

1 COMPLETE IN BLOCK CAPITALS ONLY

2 READ THE INSTRUCTIONS BELOW BEFORE COMPLETING THIS FORM

a. Name of Public Centre:	b. Session One (please circle) Two Three
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Correspondence Contact Details

Name:	Miss / Mrs / Ms Mr / Dr / Other		
	Learner / Teacher / Parent / Guardian / Administrator (please circle)		
Address:			
Postcode:		Tel No:	
e-mail:			

HOW TO COMPLETE THIS FORM

- a. Name of Centre** This form is for Public Centres only. Please enter the name of the Public Centre from the LAMDA Examinations UK Public Centres Date List you wish to attend, for example, 'London (Romeo)'
- b. Centre Session** Please circle the appropriate session of the Public Centre you wish to attend. This can be obtained from the UK Public Examinations Centre Date List
- Please use the space overleaf to enter the group details and each group member**
- c. Group name** Enter a name for the whole group e.g. 'The Butterflies'
- d. Group Subject** Please enter the subject, e.g. 'Choral-Speaking'
- e. Group Grade** Please enter the grade as a number e.g. '4'
- f. Learner Certificates:** If you require individual learner certificates please mark X in the check box below by the fee and add the appropriate fee (you can only request individual certificates for all members in a group)
- g. Unique Learner Number (ULN):** Please enter the learner's 10 digit Unique Learner Number (if known)
- h. LAMDA Pin No:** Please enter the learner's 6 digit LAMDA Examinations Pin number (if known)
- Learner's Name:** This is the learner's legal name and not nickname or abbreviated name. It will be printed on the Examination Report and Certificate
- k. Given Name:** This is the learner's first name
- l. Family Name:** This is the learner's surname
- m. Date of Birth:** Please complete in numbers, in the format DD/MM/YY
- n. Gender:** Please enter M or F
- o. Ethnicity Code:** Please enter an ethnicity code from the list overleaf
- Learners taking more than 1 exam:** Please mark X in the check box on the right of the family name

Requests

- We regret that we are unable to guarantee date requests. Learners must be prepared to attend on **any date** in the session. Dates and times of examinations cannot be altered once a centre has been scheduled.
- Please indicate your date request on this form in the section below and not in a separate letter.
- Entry forms for family members or friends, who wish to be examined within a similar timeframe, must be stapled together.

Preferred date	
Fee enclosed £	Please write your name and address on the back of all cheques. If you require a receipt (for proof of payment and acknowledgement of entry form) you must enclose a stamped addressed envelope.
f. Individual Learner Certificates Required <input type="radio"/>	

I the above named Correspondence Contact hereby agree that I am responsible for all entry fees and answering any queries relating to this entry.

I the above named Correspondence Contact hereby declare that all persons named on this form agree to abide by the regulations published in the current Examination Syllabus Specification and Guide for Centres and Teachers.

Signature of Correspondence Contact _____ **Date** _____

