

## Salisbury Diocesan Choral Festival Group

### Entry form for Dean's (Bronze) & Bishop's (Silver) Awards

Type into this document and **Save/Print** it. Or if handwriting, use BLOCK CAPITALS where appropriate.

**Applicant**

Title		Forename			
Surname					
Address and postcode					
Phone		Mobile			
Email					
Age profile (tick <input type="checkbox"/> one)	18-25	26-45	46-60	61+	

**Your RSCM affiliation**

Town	Name of church/school

*Write 'N/A' here if your church/school is not affiliated \_\_\_\_\_*

**Are you...** (tick  )

- the candidate, or one of the candidates?
- the choir leader at your church/school?
- the trainer, teacher or head teacher?
- the chaplain, minister, pastor or priest?


If none of the above, state your relationship of trust to one or more of the candidates entering, e.g., parent/guardian, other relative, carer

If you have multiple candidates then only one copy of this page is needed but each candidate must have a completed copy of entry information (pages 2+3) attached to this top sheet.

The testimonial[s] must be completed by a suitable counter-signatory.

Completing and enclosing a copy of the choir questionnaire is optional, but if submitted before please check it is still accurate.

Payment must be made at time of entry. Cheques should be payable to 'Salisbury Diocesan Choral Festival Group' or payment made electronically.

In the case of electronically submitted entries a typed 'signature' is acceptable.

*I understand that the exam will be conducted in accordance with RSCM guidelines, and the examiner will have complied fully with Diocesan and RSCM safeguarding requirements. I have been notified of the exam regulations and agree to abide by them and have the permission of the parent / guardian / carer of the candidate to enter them when this is needed.*

***I wish to submit this exam entry for the forthcoming session.***

Date

Signed

(applicant)

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#### Candidate entry details

Each candidate's details are required on a copy of this page, with the testimonial on a copy of page 3. Type into this document and **Save/Print** it. Or if handwriting, use **BLOCK CAPITALS** where appropriate.

<b>Candidate</b>	Male/Female		Familiar forename (for marksheet)			
	Forenames in full (for certificate)					
	Surname				Date of birth, if candidate is u-26	
	Or, if candidate is aged 26+, tick <input type="checkbox"/> one			26-45	46-60	61+
<b>Award entry</b>	<b>Dean's (Bronze) Award</b>		<b>Bishop's (Silver) Award</b>		<b>Entry fee enclosed</b>	
tick <input type="checkbox"/> one					<b>Amount:</b>	
<b>Music choices</b>	<b>A1</b>	First line of hymn			Hymn book & number	
	<b>A2</b>	Anglican chant / Plainsong	Psalm number		beginning at verse	
	<b>or</b>	Responsorial	Refrain title		Book & number/page	
	<b>or (Bronze)</b>	Psalm song	Title of song as given in syllabus		Hymn book & number	
		<b>List/no. (e.g., C11)</b>	<b>Composer/arranger</b>	<b>Title of piece</b>		
	<b>A3</b>					
	<b>A4 (Silver)</b>					
<b>Liturgy choice</b>	<b>E2</b>	<b>Bronze</b>	Chosen season/Festival		(Bronze) Suitable psalm/hymn	
		<b>Silver</b>	Chosen service		(Bronze & Silver) Suitable anthem/song	
<b>References</b>	<b>A member of this choir for...? (If under 2yrs, give details of previous singing below)</b>					
tick <input type="checkbox"/> one	under 2yrs	2-5yrs	6-10yrs	11-25yrs	25yrs+	
	<b>Any specific individual needs...? (If so, or if any health issues, give brief details in the box below)</b>					
tick <input type="checkbox"/> if appropriate	Physical		Social		Learning	
	<b>Attendance at rehearsals/services...? (Allow for excused absence, as determined locally)</b>					
tick <input type="checkbox"/> one	Impeccable (95%+)		Satisfactory (75%+)		Irregular (less than 75%)	
Give brief details of RSCM or other qualifying event attended, including date and venue						
This candidate's participation, and responsibilities (if any) in choir (e.g., team leader, librarian, helping younger singers)						
Brief details of any individual health matters, needs or further information (an additional sheet may be attached)						

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**Your counter-signatory**

The counter-signatory's name	
This person's role and professional relationship?	
Phone number	
Email	

**Testimonial by counter-signatory**

*Type into this document and **Save/Print** it. Or complete it in handwriting.*

**Candidate**

Name	
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*I have read the reference information contained in this candidate's entry form, and I wish to add this testimonial*

***I certify that to the best of my knowledge the information in this Award application is correct.***

Date

Signed

(counter-signatory)