

Trinity Registered Exam Centre Application Form for Private Institutions

Section 1. Your application

1.1 Centre type that best represents your institution:

Infant school <input type="checkbox"/>	Primary school <input type="checkbox"/>	Secondary School <input type="checkbox"/>	Further Education College <input type="checkbox"/>
Music school <input type="checkbox"/>	Drama school <input type="checkbox"/>	Dance school <input type="checkbox"/>	Conservatoire <input type="checkbox"/>
Language School (summer school only) <input type="checkbox"/>	Language school (permanent) <input type="checkbox"/>		
Vocational school <input type="checkbox"/>	Teacher training centre <input type="checkbox"/>	University <input type="checkbox"/>	Parent/teacher association <input type="checkbox"/>
Extracurricular service <input type="checkbox"/>	Cultural Association <input type="checkbox"/>		
Other (please specify):	<input type="text"/>		

1.2 Has your institution previously been a Registered Exam Centre with Trinity?

- No. This is our first registration with Trinity
- Yes. We would like to register with Trinity

IF YES

When did you cease being a centre?

What was your centre registration number (if known)?

1.3 Do you already work with other exam boards?

Yes No

If yes, which exam boards?

1.4 How did you learn about Trinity?

Already prepare for Trinity exams Trinity visit/meeting Trinity website

Conference / event Friend or colleague Leaflets or mailing

Other - please specify:

Section 2. General information about your organisation

All answers are required if your organisation has never been registered with Trinity. If already registered with Trinity, please only fill in if you wish to change or update your records with us.

2.1 Your Organisation's details

Official name of your institution (as it appears on official documents):

Trading name of your institution (as it is known to the public):

Would you like a specific centre name to appear on candidates' certificates?
Please note that the maximum number of characters for this name is 50.

Company registration number (if applicable):

VAT number:

Registered Office complete address (Street and number)

Town:

Province:

Country:

Postcode:

Tel:

Fax:

Email:

Website:

Social media, e.g. Twitter/Facebook links:

2.2 What year was your organisation established?

2.3 Names of Company Directors (if applicable)

Name:

Name:

Name:

2.4 Centre legal representative - Please nominate a person who has legal authority to sign your Registered Exam Centre Agreement.

Name:

Job Title:

Complete address if different from the registered office one

Email:

Tel:

2.5 Centre Main Contact Person *(please nominate a person who speaks English who will be the main contact point with Trinity)*

Name: [Redacted]

Job Title: [Redacted]

Complete address if different from the registered office one
[Redacted]

Email: [Redacted]

Tel: [Redacted]

2.6 Finance contact details *(complete only if different from the main contact point with Trinity)*

Name: [Redacted]

Job Title: [Redacted]

Complete address if different from the registered office one
[Redacted]

Email: [Redacted]

Tel: [Redacted]

2.7 Exam Materials Administrator details *(complete only if different from the main contact point with Trinity)*

Name: [Redacted]

Job Title: [Redacted]

Complete address if different from the registered office one
[Redacted]

Email: [Redacted]

Tel: [Redacted]

2.8 Social media contact details *(complete only if different from the main contact point with Trinity)*

Name: [Redacted]

Job Title: [Redacted]

Complete address if different from the Registered office one
[Redacted]

Email: [Redacted]

Tel: [Redacted]

Section 3. Centre location

Exam centres can register more than one venue for holding exams. All venues would need to comply with Trinity requirements and will need to be run under the responsibility of the Exam Centre.

Please complete Sections 3, 4 and 5 for EACH exam venue you wish to register with Trinity.

If you wish to register more than one exam venue please contact us (registrazionesediesame@trinitycollege.it)

3.1 The venue at which the exams will be held is the same address as the one for the Registered office indicated in Section 2.1

Yes No

If no please provide the details below, if yes please skip to point 3.3

3.2 Exam venue details

Complete address (*Street and number*)

Town:

Province/County:

Country:

Postcode:

Tel:

Email:

Website:

Has this venue previously been registered with Trinity?

Yes No

Is the exam venue your permanent location?

Yes it is our permanent location

No it is temporary for the period of the exams only

Section 4. Trinity Qualifications Details

Which qualifications do you wish to offer

Tick box

English language

Graded Exams in Spoken English (GESE) Qualifications

Integrated Skills in English (ISE) Qualifications

Trinity Stars

Music

Music Practical Grade and Certificate exams (Classical and Jazz)

Music Theory Grade exams / Music Diplomas in Theory and Composition

Music Diplomas in Performance and Teaching (Trinity ATCL, LTCL, FTCL)

Rock & Pop

Drama

Graded Exams in Drama

Drama Diplomas (Trinity ATCL, LTCL, FTCL)

Please check that your venue meets Trinity's Venue Requirements by using our Venue Requirement Checklist and attach:

- A drawing of your venue floorplan, giving approximate dimensions and naming each exam room, waiting area, and reception area
- A photograph of each exam room in exam setting

PLEASE NOTE THAT WE WILL NOT ACCEPT ANY APPLICATIONS WHICH DO NOT INCLUDE FLOORPLANS AND PHOTOS

Please include any further details you believe relevant to the registration of this centre in an accompanying letter stating the reasons why you would like to register your institution as a Trinity College London Examination centre.

Section 5. Teacher, student and exam session information at the proposed venue

5.1 If you have chosen Language exams:

Please specify the English exam levels that your institution wishes to offer according to the Common European Framework of Reference:

Pre A1
 A1
 A2
 B1
 B2
 C1
 C2

5.2 If you have chosen Music exams:

Please specify the Grades/levels that your institution wishes to offer according to the relevant Trinity College London syllabus:

Initial - Grade 3 (Foundation)
 Grades 4-5 (Intermediate)
 Grades 6-8 (Advanced)
 ATCL diploma
 LTCL diploma
 FTCL diploma

How many students are there at your institution that are learning English/Music?

What is the age range of your students?

5.3 Trinity Exam sessions - please give us an indication of your preferred months (Please note this is for information only and does not constitute a booking)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.4 Estimated number of Trinity candidates to the exam venue per annum

5.5 Maximum exam room capacity for written exams at this venue - please count 1 student to 1 desk only and consider that the desks need to be spaced out by 1 meter

Exam room 1:

Exam room 3:

Exam room 2:

Exam room 4:

More exam rooms (please specify number and capacity):

5.6 Does your centre hold any current accreditation that might be relevant to the exams you wish to offer?

No Yes

If yes, please give details:

5.7 What is the lowest qualification level of the teachers who would be preparing candidates for Trinity examinations? Please give details:

5.8 Do you offer training/development opportunities to your teachers?

No Yes

If yes, please give details:

Section 6. Declaration

I declare that the Examination Venue(s) I am herewith applying to register meet Trinity College London Exam Venue Requirements and that the information supplied in this Application Form and the accompanying documents is correct and true.

By submitting this application form, you consent to the processing of this personal data for the purposes stated below.

Name:

Job Title:

Any personal data collected under this form will be used for the purpose of processing this application and managing your subsequent relationship with us as a Registered Exam Centre.

Trinity College London not disclose any personal information to third parties (other than persons involved in the provision of examination services to Trinity or for statistical purposes) without seeking further express consent.

Please note, if your application is successful by filling in this application, the signatory authorises the publication on www.trinitycollege.it of your centre name, address, telephone, email and website as indicated in section 2.1

Should you not want your centre details to be published on www.trinitycollege.it please tick here.

Please send this form and all related documents by email to the national representative office.

Trinity College London: Office of the Italian Co-ordinator

Email: registrazionesediesame@trinitycollege.it

Via Padre S. Mattei 69 40035 Castiglione dei Pepoli (BO)

We will send you the result of your application as soon as possible. If your application is accepted, you will receive the contract by email, please follow the instructions contained in the email to sign the contract.

DATE THE FORM WAS COMPILED / /

Date of reception / /
(for the Trinity Office Use)