

International Performing and Visual Arts Examination Board



185, Upper Thomson Road, Level 2, Singapore 574333
Email: info@ipvaeb.org www.ipvaeb.org

EXAMINATION REGISTRATION FORM FOR CERTIFICATE/DIPLOMA

Notes:

1. Please write clearly in CAPITAL LETTERS.
2. Kindly fill in the form accurately. Incorrect or incomplete form may not be processed.
3. Attach documentary proof (special needs or medical conditions) if necessary.

APPLICANT'S PARTICULARS

Family Name:		Given Name:	
Applicant No:	Mobile Phone:	ID/Passport No:	
Mailing address:			
			Postal Code:
Occupation:		Email Address:	

EXAMINATION INFORMATION

Examination Instrument:	
Period 1: June/July <input type="checkbox"/>	Period 2: November/December <input type="checkbox"/>
Examination Center (if applicable):	

EXAMINATION SELECTION

Artistic Performance Diploma <input type="checkbox"/>	Certificate in Piano Pedagogy <input type="checkbox"/>
Advanced Artistic Performance Diploma <input type="checkbox"/>	Diploma in Piano Pedagogy <input type="checkbox"/>
Examination Fee:	Artistic Performance Diploma - \$750 <input type="checkbox"/> Certificate in Piano Pedagogy - \$600 <input type="checkbox"/> Advanced Artistic Performance Diploma - \$900 <input type="checkbox"/> Diploma in Piano Pedagogy - \$800 <input type="checkbox"/>

CANDIDATE'S PARTICULARS

Family Name:		Given Name:	
Date of Birth:		Identification/Passport No:	
Address:			
			Postal Code:
Home Phone:		Mobile Phone:	
Email:			

INTERPRETER (IF APPLICABLE)

*** You may bring an interpreter but he/she must not be your relative or teacher.*

Name of Interpreter:

Relationship with Candidate:

Contact No:

DECLARATION

I declare that I am 18 and above:

☐ Yes, I am 18 and above. (Proceed to sign on Candidate's Signature Column)

☐ No, I am below 18. (Proceed to complete Parent/Guardian Information)

Name of Parent/Guardian:

Email Address:

Contact Number:

Parent/Guardian's Signature:

Date:

Candidate's Signature

Date:

PAYMENT (FOR OFFICIAL USE ONLY)

Total Examination Fee: S\$

Payment Mode: Cash ☐ Cheque ☐ NETS ☐ Credit/Debit Card : ☐

Credit/Debit Card Number: - - -

Date of Expiry: Security Code: The 3-digit number on the back of the card.

Receipt Number:

DECLARATION FORM FOR PROGRAMME NOTE SUBMISSION (FORM C2)

Declaration

I, _____ hereby confirm that I have read and fully understand the Examination Syllabus, the rules and regulations contained in the examination registration package. And I confirm that:

- ❖ The program note is genuinely my own work and I am the sole author.
- ❖ I have read the section on plagiarism in the *Syllabus* and understand that I will be penalized or disqualified if found plagiarism is upheld

This declaration form is to be retained by Candidate and hand over to the Assessing Panel on the certification day

Candidate's Signature: _____

Date: _____

EXAMINATION PROGRAM (FORM C3)

Candidate's Name:

Instrument:

Piano:

☐

Violin:

☐

Cello:

☐

Certificate of Achievement (CA) Performance

☐

with College Music Placement Test (CMPT I) Option

☐

Certificate of Mastery (CM) Performance

☐

with College Music Placement Test (CMPT II) Option

☐

Certificate of Achievement in Piano Pedagogy

☐

Certificate of Mastery in Piano Pedagogy

☐

Repertoires	Work	Duration
1 st		
2 nd		
3 rd		
4 th		
Étude (if applicable)		