

THE PIPING AND DRUMMING QUALIFICATIONS BOARD

(Incorporating The Army School of Bagpipe Music and Highland Drumming, The College of Piping,
The National Piping Centre, The Piobaireachd Society and The Royal Scottish Pipe Band Association)

CANDIDATE REGISTRATION FORM

Candidate Name:	SURNAME: _____	SQA SCN Number
	First Name/s: _____	_____
Contact Address:	_____ _____ Town: _____ Postcode: _____ Country: _____	
Date of Birth:	_____/_____/_____ Day Month Year	
Home Telephone Number:	_____ _____	
Mobile Telephone Number:	_____ _____	
Email Address:	_____ _____	
Qualification/s Registered For:	_____ _____	
Examination Centre:	_____ _____	
Examination Venue:	_____ _____	

I accept that the personal data contained in this Registration Form will be retained confidentially by the Piping and Drumming Qualifications Board in compliance with the provisions of the Data Protection Act 1998; and will be shared as required with the Scottish Qualifications Authority for certification purposes.

Signature of Candidate: _____

Date: ____/____/____
Day Month Year