



JUNE 2019 RHS EXAMINATIONS AT RBGE EXTERNAL CANDIDATES

The Royal Botanic Garden Edinburgh (RBGE) is an approved examination centre for RHS written exams. It is the examination centre's responsibility to register all candidates with the RHS. In order to do this we ask you to return your form to us by 4.00pm **Friday 3rd May 2019**. Applications received after this date will be subject to RBGE & RHS late fees.

Please note that due to capacity issues RBGE will only be able to accept external candidates for RHS Level 2 exams from Scotland, Northern Ireland and UK based applicants North of Newcastle. If you need help finding a local centre please see the RHS website:

<https://www.rhs.org.uk/education-learning/qualifications-and-training/rhs-qualifications/find-a-centre>

If RBGE has any free spaces for the Level 2 exams after the 3rd May 2019 these will be opened up to all candidates regardless of location. If you are outside our catchment area and would like to sit exams at RBGE please email rhslevel2@rbge.org.uk to be added the waiting list for any released spaces.

Please return completed forms to:

RBGE Education Department (RHS), 20a Inverleith Row, Edinburgh, EH3 5LR

Alternatively you can scan and email your form to rhslevel2@rbge.org.uk or rhslevel3@rbge.org.uk

If sending your form by email there is no need to also send a hard copy.

Exam Fees

RHS Level 2	RHS Level 3
£16 per Exam	£26 per Exam

Administration Charges

RBGE charges an administration fee of £25 for the first exam and an additional £5 per exam thereafter for each registration form. This fee is on top of the RHS exam fees above.

Example:

Registering for 1 Level 2 exam would cost £41 (£16 exam fee, £25 admin fee)

Registering for 2 Level 2 exams would cost £62 (£32 exam fees, £30 admin fee).

We will not be able to register you for your exams unless any due registration fees are paid.

Special Arrangements

If you require special arrangements (e.g. extra time / scribe / use of a dictionary) on the day of the exams please include full details on the form. You must attach evidence (a letter from a medical professional etc.) with the form for your application to be considered.

Confirmation

Once you have been registered for the exams you will be sent a confirmation letter. This will summarise your registrations and give full details about where you should come and what you need to bring with you on the day. If you have not received this letter within 2 weeks of the deadline closing, please contact us as we need to ensure your details are up to date.

RHS Exam Registration Form

Title: _____ First Name(s): _____ Surname: _____

RHS Candidate No.: _____ (If known)

Who are you studying with: _____

Address: _____ Telephone Number: _____

_____ Mobile Number: _____

_____ Date of Birth: ___/___/___

Email Address: _____

Ethnic Background:

White		Please Tick
31	British	
32	Irish	
33	Gypsy or Irish Traveller	
34	Any other white background	
Asian or British Asian		Please Tick
39	Indian	
40	Pakistani	
41	Bangladeshi	
43	Any other Asian background	
Other		Please Tick
47	Arab	
48	Any other ethnic group	
	Other	

Mixed		Please Tick
35	White and black Caribbean	
36	White and black African	
37	White and Asian	
38	Any other mixed background / multiple ethnic background	
Black or Black British		Please Tick
44	African	
45	Caribbean	
46	Any other Black / African / Caribbean background	
Chinese		Please Tick
42	Chinese	

Special Arrangements

Do you require special arrangements on the day of the examination? YES NO

(If yes, please give details and attach supporting evidence)

Exam Registrations

Please only select the exams you would like to register to sit in June 2019:

RHS Level 2

(Plant Growth, Propagation & Development)

Monday 24th June 2019

R2101

R2102

R2103

R2104

RHS Level 2

(Garden Planning Establishment & Maintenance)

Tuesday 25th June 2019

R2111

R2112

R2113

R2114

RHS Level 3

(Plant Growth, Health & Propagation)

Wednesday 26th June 2019

R3101

R3102

R3103

R3104

RHS Level 3

(Garden Planning, Construction & Planting)

Thursday 27th June 2019

R3111

R3112

R3113

R3114

PAYMENT DETAILS

Name: _____ Amount to Pay: _____

Type of Card: Visa MasterCard Switch

Card Number: _____

Start Date: ___/___/___ Expiry Date: ___/___/___ Security Number: _____

Signed: _____ Date ___/___/___