

FEBRUARY 2020 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 15th November 2019**. Applications received after this date will be subject to RBGE & RHS late fees.

Please note that due to limited capacity 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. There are currently no restrictions for level 3. 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 15th November 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 rhslevel3@rbge.org.uk or rhslevel3@rbge.org.uk or <a href="mailto:rhslevel

Exam Fees

RHS Level 2	RHS Level 3
£17 per Exam	£27 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 £42 (£17 exam fee, £25 admin fee) Registering for 2 Level 2 exams would cost £64 (£34 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.

				Office Use	Only
Date Form Received:	/	/	Date Processed:	. /	/

RHS Exam Registration Form – February 2020

Title:	First Nan	ne(s):			Surname:		_
RHS C	andidate No.:		(If known)				
Who a	are you studying wit	h:					_
Addre	ess:			т	elephone Number: _		_
					Mobile Number: _		_
					Date of Birth: _	//	
Email	Address:						_
Ethnic	Background:						
White			Please Tick	Mixed			Please Tick
31	British			35	White and black Caribbean		
32	Irish Gypsy or Irish Travellor			36 37	White and black African White and Asian		
34	Gypsy or Irish Traveller Any other white backgrou	ınd		38		nd / multiple ethnic background	
	or British Asian	iiiu	Please Tick		r Black British	id / maitiple etimic background	Please Tick
39	Indian			44	African		
40	Pakistani			45	Caribbean		
41	Bangladeshi			46	Any other Black / African /	Caribbean background	
43	Any other Asian backgrou	nd		Chinese)		Please Tick
Other			Please Tick	42	Chinese		
47 48	Arab Any other ethnic group						
	Other						
	n Registrations						
Please	e only select the exar	·	_	ister to s	it in February 2020:		
RHS Lo (Plant Gro Developm	owth, Propagation &	RHS Level 2 (Garden Planning Maintenance)		(Plant	S Level 3 Growth, Health & gation)	RHS Level 3 (Garden Planning, Construction 8 Planting)	k
Monday 1 R2101	10 th February 2020	Tuesday 11 th Feb	ruary 2020		esday 12 th February 2020 .01 □	Thursday 13 th February 2020 $R3111 \Box$	
R2101		R2112 □			.02 🗆		
_						R3112 □	
R2103 R2104		R2113 □ R2114 □			.03 □ .04 □	R3113 □ R3114 □	
PAYN	IENT DETAILS						
Name	:				Amount to Pa	ny:	
Туре	of Card: Visa	MasterCa	ard 🗌 S	witch \Box]		
Card N	Number:						
Start [Date:/	Expiry Da	ite:/_		Security Number: _		
Signed	d:				Date//		