

APPLICATION FORM 2009/2010



FOR CENTRE USE

Ack.	Ent.	Contact.	Int. Date
------	------	----------	-----------

Offer
No Offer
Withdrawn
Enrolled

DNA	Int. Date 2	DNA 2	Follow-up Letter	Int. Date (3)
-----	-------------	-------	------------------	---------------

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLUE/BLACK INK

PERSONAL DETAILS

Family Name:	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Forenames:	Please Tick:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Home Address:	Telephone No:	
	Mobile No:	
	E-mail Address:	
Postcode:	Home Borough:	
Nationality (as on Passport):	Are you an Asylum Seeker?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Arrival in the UK:	Are you a Refugee?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	This information will not affect your application, but a copy of your most recent IND papers will be required for our records	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PARENT/GUARDIAN (ESSENTIAL)

Your Parent(s) / Guardian(s) full names: Mother: Father: Guardian:	Emergency contact name (in case of illness/accident): Emergency telephone number:
Address of above (if different from student):	
If you are under 18, please make sure your parents support your application by signing below: Parent(s) Signature: _____	

PRESENT OR MOST RECENT EDUCATION

School/College:	School/College Borough:
Start Date at Current School:	Finish Date at Current School:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EXAMINATIONS

Qualifications currently being taken:

Subjects	Level	Date of Exam	Leave Blank

Qualifications already achieved:

Subjects	Level	Results Date	Grade

EXAMINATIONS (CONTINUED)

Qualifications currently being taken:

Qualifications already achieved:

Subjects	Level	Date of Exam	Leave Blank

Subjects	Level	Results Date	Grade

COURSE YOU WANT TO STUDY

Please write in subjects (one only for AVCE, GNVQ or BTEC) and tick the column for the type of course. You will find full details of all courses in the Prospectus. Please note - you can enroll for A2 only if you have completed AS studies.

Subjects	A Levels (AS)	A2	AVCE	BTEC	Other

ETHNIC MONITORING

In order to monitor the effectiveness of the Equal Opportunities Policy, and for no other reason, you are asked to complete this section. The information will be treated in the strictest of confidence.

I would describe myself as being of the following ethnic origin (please tick ONE).

Asian or British Asian		Black or British Black		Chinese or Other		Mixed		White	
11. Bangladeshi	<input type="checkbox"/>	15. Black African	<input type="checkbox"/>	18. Chinese	<input type="checkbox"/>	19. White and Asian	<input type="checkbox"/>	23. British	<input type="checkbox"/>
12. Indian	<input type="checkbox"/>	16. Black Caribbean	<input type="checkbox"/>	19. Any Other	<input type="checkbox"/>	20. White and Black African	<input type="checkbox"/>	24. Irish	<input type="checkbox"/>
13. Pakistani	<input type="checkbox"/>	17. Other Black	<input type="checkbox"/>			21. White and Black Caribbean	<input type="checkbox"/>	25. Other White	<input type="checkbox"/>
14. Other Asian	<input type="checkbox"/>					22. Other Mixed	<input type="checkbox"/>		

EDUCATIONAL SUPPORT NEEDS

We are concerned to make sure you get any support you may need. Would you say you had support in any of these areas? Please tick YES or NO. Disclosing a support need will not affect your application.

Do you have a disability or access need?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a learning difficulty?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any health needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you receive any additional support at school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE TELL US ABOUT YOURSELF

Why do you wish to follow this course/what are your career aims?

What part-time work, work experience, interests, and school responsibilities do you have?

STATEMENT OF APPLICATION

**Please read the following statement and sign below.
This will help us process your application more quickly.**

I wish to apply for admission to the full-time course described in the COURSE DETAILS section. If offered a place at the Centre, I agree to comply with the general regulations and any particular conditions set out in the Offer of Admission.

I certify that the information given is correct and to the best of my knowledge.

The Centre has to give your personal and qualification details to the Funding Council. If you are happy for other users to contact you, should they wish to do so, please tick this box . For further information, please contact the Centre.

Data Protection Acts - CONSENT TO PROCESS

Information you provide on this enrolment form will be passed to the Learning and Skills Council, which is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data, but it also allows the Learning and Skills Council to share information with other organisations for the purposes of detecting fraud.

Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Completed Application Form to be returned to 'Admissions, North Lambeth Sixth Form Centre' at the site where you would like to be based:

Archbishop Tenison's School - 55 Kennington Oval, London SE11 5SR

Charles Edward Brooke School - Langton Road, London SW9 6UL

The London Nautical School - 61 Stamford Street, London SE1 9NA

To the Student: Thank you for completing your part of the application form.
Please hand the form to your Head of Year who will arrange for the reference section to be completed.

To the Referee: Please complete the reference section on the next page.
Students are entitled to see a reference once it has been received by a third party.

PROJECTIONS

Please list subjects, examinations and estimated grades below:

Subject	Exam (if not GCSE)	Estimated Grade

Subject	Exam (if not GCSE)	Estimated Grade

Please tick the most appropriate boxes:

	Excellent (96%)	Good (92%)	Average (88%)	Below Average (84%)	Poor (below 80%)
Attendance (please state % if available)					
Punctuality (please state % if available)					
Motivation					
Self-Discipline					
Relationship with Staff					
Relationship with Students					

Has this student been referred for serious misconduct during Years 10/11?

YES NO

Has this student received ESOL Support:

YES NO

Has this student received Learning Support?

YES NO

Does this student have any access or healthcare needs:

YES NO

Please give further details of any of the above for which you have ticked 'Yes'.

Is this student applying for a course appropriate to their abilities?

YES NO

Please comment further on personal qualities or extra-curricular activities, if appropriate.

Name: _____

Signature: _____

Position: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

School Stamp: