

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

Offer
No Offer
W/D
Ent.



EUROPEAN UNION
European Social Fund

This activity has been directly or indirectly part-financed by the European Union through European Social Fund - helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.

Roll No. (If known)

APPLICATION FORM 2010-2011 (POST A LEVEL) FOR BTEC ART AND DESIGN FOUNDATION ONLY

PERSONAL DETAILS

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLUE/BLACK INK

FAMILY NAME:	DATE OF BIRTH: _____ / _____ / _____
FORENAMES:	PLEASE TICK: MALE [] FEMALE []
HOME ADDRESS:	TELEPHONE NO:
	MOBILE NO:
	E-MAIL ADDRESS:
POSTCODE:	HOME BOROUGH:
NATIONALITY: (as on passport)	ARE YOU AN ASYLUM SEEKER? YES [] NO []
Date of arrival in the UK: _____ / _____ / _____	ARE YOU A REFUGEE? YES [] NO []
This information will not affect your application, but a copy of your most recent IND papers will be required for our records	

PRESENT OR MOST RECENT EDUCATION

NAME OF SCHOOL / COLLEGE:	PRESENT TUTOR GROUP:
Start date _____ / _____ / _____ Borough _____	PRESENT COURSE OF STUDY?
	WHEN DO YOU EXPECT TO LEAVE?

EXAMINATIONS TAKEN PREVIOUSLY

GCSE EXAMINATIONS		
DATE	SUBJECT	GRADE
	English Language	
	English Literature	
	Mathematics	
AS EXAMINATIONS		
DATE	SUBJECT	GRADE

OTHER ACADEMIC QUALIFICATIONS

DATE	SUBJECT TITLE / LEVEL	RESULT

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 BELOW.
Students are entitled to see a reference once it has been received by a third party.

PLEASE LIST SUBJECTS, EXAMINATIONS AND ESTIMATED GRADES BELOW:

DATE	EXAM	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					

STUDENT START DATE:

EXPECTED END DATE:

SUITABILITY FOR COURSE / ART AND DESIGN ABILITY:

HAS THIS STUDENT RECEIVED ESOL SUPPORT?

YES

NO

HAS THIS STUDENT RECEIVED LEARNING SUPPORT?

YES

NO

If so, please give details:

DOES THIS STUDENT HAVE ANY ACCESS OR HEALTHCARE NEEDS?

YES

NO

If so, please give details:

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____ SCHOOL STAMP: _____

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)

27 Prefer not to say

Asian or British Asian		Black or British Black		Chinese or Other		Mixed		White	
11 Bangladeshi		15 Black African		18 Chinese		19 White Asian		23 British	
12 Indian		16 Black Caribbean		18 Any other		20 White & Black African		24 Irish	
13 Pakistani		17 Other Black				21 White & Black Caribbean		25 Other White	
14 Other Asian						22 Other Mixed		26 White European	

ADDITIONAL SUPPORT

We want to ensure that all students receive any support they may need. Please answer the following questions:

(Please give brief details)

DO YOU HAVE A DISABILITY, LEARNING DISABILITY OR MEDICAL CONDITION? YES [] NO []

DO YOU RECEIVE ANY ADDITIONAL SUPPORT AT COLLEGE? YES [] NO []

This information will be shared with a member of the support team who will discuss how best we can meet your needs either at your interview or during the induction period.

EMERGENCY CONTACT

YOUR MOTHER'S / FATHER'S / GUARDIAN'S (please delete as appropriate) FULL NAME:	EMERGENCY CONTACT NAME: (in case of illness/accident)
ADDRESS OF ABOVE: (if different from student)	EMERGENCY TELEPHONE NO:
	YOUR PARENT/GUARDIAN'S (please delete as appropriate) SIGNATURE:

PLEASE TELL US ABOUT YOURSELF / PERSONAL STATEMENT:

WHAT ARE YOUR STRENGTHS IN ART AND DESIGN? WHAT EXPERIENCE DO YOU HAVE SO FAR?

PLEASE TELL US ABOUT YOURSELF / PERSONAL STATEMENT: (CONTINUED)

WITHOUT OBLIGATION, CAN YOU SAY WHICH SUBJECT OR SUBJECTS YOU WISH TO SPECIALISE IN WHEN YOU COMPLETE THE FOUNDATION COURSE?

WHAT CAREER DO YOU HOPE TO FOLLOW IN THE FUTURE?

WHAT OTHER INTERESTS / EXPERIENCE / PAID EMPLOYMENT DO YOU HAVE?

STATEMENT OF APPLICANT

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW. *This will help us to process your application more quickly.*

I wish to apply for admission to the full-time course described in the COURSE YOU WANT TO STUDY section. If offered a place at the College, I agree to comply with the general regulations and any particular conditions set out in the Offer of Admissions.

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

The College has to give your personal and qualification details to the Learning and Skills Council. If you are not happy for other users to contact you, should they wish to do so, please tick this box (L27). For further information please contact the College.

DATA PROTECTION ACT – 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. Further information about data confidentiality is available on request from the institution at which you are enrolling.

The Managing Information Across Partners (MIAP) service is operated by the LSC and administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The LRS will offer the Learner(s) the facility to access their participation and achievement data via a website and to share this with organisations listed in section 537A of the Education Act.

I, the undersigned consent to this data being shared with such organisations.

I, the undersigned consent to the use of my photograph in publicity materials and/or electronic media by Leyton Sixth Form College. I understand that Leyton Sixth Form College retains the copyright in the image and give permission for its use in all media.

Tick this box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC values your views on the education or training which you receive, and will use these to help bring about improvements for learners in England.

The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities relevant to you. Please tick if you do not wish to be contacted about courses or learning opportunities by post.

Some College activities are directly or indirectly part-financed by the European Union through the European Social Fund – helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources.

SIGNATURE:

DATE:

COMPLETED APPLICATION FORM TO BE RETURNED TO:

LEYTON SIXTH FORM COLLEGE, ESSEX ROAD, LEYTON, LONDON E10 6EQ

Tel: 020 8928 9000

Fax: 020 8928 9200

www.leyton.ac.uk