

For College Office use



# APPLICATION FORM 2010-2011

Ack.	Ent.	Contact	Int. Date		Offer	
						No Offer
DNA	Int. Date (2)	DNA 2	Follow-up Letter	Int. Date (3)		W/D
Roll No. (if known)					Ent.	



## 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	

## PARENT/GUARDIAN

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

## PRESENT OR MOST RECENT EDUCATION

NAME OF SCHOOL / COLLEGE:	IF LESS THAN 3 YEARS AT CURRENT/PREVIOUS SCHOOLS PLEASE GIVE NAMES AND DATES OF EARLIER SCHOOLS:
Start date ____/____/____ Borough _____	

## COURSE YOU WANT TO STUDY

PLEASE WRITE IN SUBJECT/S (ONLY ONE FOR 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 enrol for A2 only if you have completed AS studies.

Subject (eg BTEC National etc)	A Levels (AS)	A2	BTEC National (Adv)	BTEC 1st (Int)	BTEC Intro (Foundation)	Other (please specify)

## EXAMINATIONS

QUALIFICATIONS CURRENTLY BEING TAKEN:

Subjects	Level	Date of Exam

QUALIFICATIONS CURRENTLY BEING TAKEN:

Subjects	Level	Date of Exam

QUALIFICATIONS ALREADY ACHIEVED:

Subjects	Level	Date of Results	Grade

QUALIFICATIONS ALREADY ACHIEVED:

Subjects	Level	Date of Results	Grade

## 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)

<b>27</b> Prefer not to say	<input type="checkbox"/>
-----------------------------	--------------------------

Asian or British Asian		Black or British Black		Chinese or Other		Mixed		White	
<b>11</b> Bangladeshi	<input type="checkbox"/>	<b>15</b> Black African	<input type="checkbox"/>	<b>18</b> Chinese	<input type="checkbox"/>	<b>19</b> White Asian	<input type="checkbox"/>	<b>23</b> British	<input type="checkbox"/>
<b>12</b> Indian	<input type="checkbox"/>	<b>16</b> Black Caribbean	<input type="checkbox"/>	<b>98</b> Any other	<input type="checkbox"/>	<b>20</b> White & Black African	<input type="checkbox"/>	<b>24</b> Irish	<input type="checkbox"/>
<b>13</b> Pakistani	<input type="checkbox"/>	<b>17</b> Other Black	<input type="checkbox"/>		<input type="checkbox"/>	<b>21</b> White & Black Caribbean	<input type="checkbox"/>	<b>25</b> Other White	<input type="checkbox"/>
<b>14</b> Other Asian	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<b>22</b> Other Mixed	<input type="checkbox"/>	<b>26</b> White European	<input type="checkbox"/>

## COMMUNITY LANGUAGES

WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME?

WOULD YOU BE INTERESTED IN STUDYING THIS LANGUAGE AT COLLEGE? YES  NO

## ADDITIONAL SUPPORT

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

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

DO YOU RECEIVE ANY ADDITIONAL SUPPORT AT SCHOOL? YES  NO

Details:
----------

*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.*

PLEASE TELL US ABOUT YOURSELF:

WHY DO YOU WISH TO FOLLOW THIS COURSE/WHAT ARE YOUR CAREER AIMS?

WHAT PART-TIME WORK, WORK EXPERIENCE, AND SCHOOL RESPONSIBILITIES DO YOU HAVE?

WHICH WEBSITES DO YOU VISIT ON A REGULAR BASIS?

## 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:

PLEASE SEND YOUR COMPLETED APPLICATION FORMS TO:

LEYTON SIXTH FORM COLLEGE, ESSEX ROAD, LEYTON, LONDON E10 6EQ  
Tel: 020 8928 9000 Fax: 020 8928 9200 [www.leyton.ac.uk](http://www.leyton.ac.uk)

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:

Subject	Exam (if not GCSE)	Estimated Grade	Subject	Exam (if not GCSE)	Estimated Grade

IS THIS STUDENT APPLYING FOR A COURSE APPROPRIATE TO THEIR ABILITIES?  
Please tick level appropriate to student:

Level 3 (A\*-C):       Level 2 (D-B):       Level 1 (E-G):

Further Comment:

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:

ULN: (UNIQUE LEARNER NO.)

FURTHER COMMENT:

HAS THIS STUDENT BEEN REFERRED FOR SERIOUS MISCONDUCT DURING YEAR 10/11?

If so, please comment:

YES

NO

HAS THIS STUDENT RECEIVED ESOL SUPPORT?

YES

NO

HAS THIS STUDENT RECEIVED LEARNING SUPPORT?

If so, please give details:

YES

NO

DOES THIS STUDENT HAVE ANY ACCESS OR HEALTHCARE NEEDS?

If so, please give details:

YES

NO

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL STAMP: \_\_\_\_\_