

APPLICATION FORM



Please return completed application form to:
Admissions Officer
BSix Brooke House Sixth Form College
Kenninghall Road
Hackney
London E5 8BP

Course enquiries:
Tel: 0800 3892947
Fax: 020 8525 7151
Email: info@brookehouse.ac.uk
Website: www.bsix.ac.uk

FOR COLLEGE USE ONLY

Student number

Received on

Interview date

Time

PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THIS FORM IN CAPITAL LETTERS, USING BLACK INK.

Personal details (to be completed by applicant)

Surname/family name First name(s)

Gender male female Date of birth (d/m/y) Age at 31st August this year

Address

Postcode Telephone Mobile

Email

Residential status

Have you been living in the UK or EU for the last three years? yes no

Emergency contact details

If you are under 18, your parent or guardian. If over 18, a relative or friend

Name

Address

Postcode Telephone Mobile

Email

Have you attended this college before? yes no

If yes, which course and year?

Students needing extra help / support

Do you have a learning difficulty or disability? yes no

If yes, please provide details

Do you require any support at interview? yes no

If yes, please specify

Are there any other things we need to know about you? (eg medical condition) yes no

If yes, please provide details

Ethnic origin (please tick)

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other

Black or Black British

- African
- Caribbean
- Any other

Chinese

- Chinese

Mixed

- White/Black African
- White/Black Caribbean
- Any other

White

- British
- Irish
- Any other

Other ethnicity

Please specify

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APPLICATION FORM (CONT)

Educational details

Last school/college When did you finish?m.....y
 Address
 Postcode Telephone

Qualifications (expected or actual)

| Subject | Level (eg GCSE) | Expected Grade | Actual Grade | Subject | Level (eg GCSE) | Expected Grade | Actual Grade |
|---------|-----------------|----------------|--------------|---------|-----------------|----------------|--------------|
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Courses / Subject details

What courses or subjects do you wish to apply for? Course / Subject names

1. 2.
 3. 4.

(See prospectus for details and any entry requirements)

How did you hear about BSix Brooke House Sixth Form College?

Connexions Internet Prospectus/Leaflet School Word of mouth Other (please specify).....

I agree to BSix Brooke House Sixth Form College collecting and processing personal data contained on this form for any purpose connected with my studies or my health and safety, whilst on college premises, or any other legitimate reason. My consent is conditional upon BSix Brooke House Sixth Form College complying with its obligations and duties under the Data Protection Act 1998. The information provided by me on this application form is accurate.

Student signature Date (d/m/y)

FOR COLLEGE USE ONLY

INTERVIEWER ONLY
Notes of interview

| | |
|-----------------------------|----------------------|
| Enrichment interests | Support needs |
|-----------------------------|----------------------|

Courses offered

Foundation (4 GCSEs Grade E)
 Intermediate (4 GCSEs Grade D)
 Advanced (4 GCSEs Grade C or above in appropriate subjects)
 AS Level (5 GCSEs Grade C or above in appropriate subjects)
 A2 Level

Offer type

Unconditional Conditional Reference Grades

Interviewer signature **Print Name**

Date

ADMISSIONS ONLY

Notes

FOR COLLEGE USE ONLY

Student number

WE NEED YOU TO OBTAIN AN ACADEMIC REFERENCE FROM YOUR LAST SCHOOL/COLLEGE. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT A COMPLETED SCHOOL/COLLEGE REFERENCE.

To the student: Thank you for completing your part of the application form. Please complete section 1 and then pass this form to your Head of Year or Form Tutor to complete. Once completed, please return to Admissions.

To the referee: Please complete section 2 in block capitals and pass the form back to the applicant.

SECTION 1 (TO BE COMPLETED BY THE APPLICANT)

Student's name

Course(s) applied for

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SECTION 2 (TO BE COMPLETED BY HEAD OF YEAR/FORM TEACHER)

Please complete this reference as accurately as possible

Please indicate below the expected or actual grade for each subject

| Subject/Course | Level (eg GCSE) | Year taken | Expected Grade | Actual Grade |
|----------------|-----------------|------------|----------------|--------------|
| Mathematics | | | | |
| English | | | | |
| | | | | |
| | | | | |
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Does the student have an educational statement? yes no

Attendance% Punctuality %

Please tick one of the following descriptions

- | | | | | |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Dedication to studies | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Behaviour | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Suitability for chosen course | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Recommended course level | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |

Has this applicant ever been excluded or suspended from school or any lessons: yes no

SECTION 2 (CONT)

Any other comments

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Has the student received any additional support?

Please specify

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Recommended support needs

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Please complete your details below

Title Full name

Organisation

Address

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..... Postcode

Telephone number Extension number

Signature Date

Please stamp with an official stamp (where possible) to authenticate this reference.



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