**IFIELD COMMUNITY COLLEGE**

6

**APPLICATION TO SIXTH FORM 2020/2021**

Please complete in **BLOCK CAPITALS** and return by **6TH JANUARY 2020**

**SECTION A – PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | | First Names (in full) | | |  | | | | | | | | |
|  | | |  | | | | |  | | | |  | | |  | | |  | |  | |  |  | | |  | | | | | |
|  | | | Day | | | | | | Month | | | | Year | | | | | | |  | |  |  | | |  | | | | | |
| Date of birth | | |  | | |  | | |  | |  | |  |  | |  |  | | |  | |  | | | | |  |  | |  | |
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| Permanent Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | Postcode | | |  | |  | |
|  | | |  | | |  | | |  | |  | |  |  | |  |  | | |  | |  | | |  | | |  | |  | |
| Address for correspondence if different from above | | | | |  | |  | | |  |  | |  |  | |  |  | | |  | |  | | |  | | |  | |  | |
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| Name of Parent/Guardian | | |  | | | | | | | | | | | | | | | | | | Tel No. (Mobile) | | | |  | | | | | | |
|  | | |  | | |  | | |  | |  | |  |  | |  |  | | | |  |  | | |  | | |  | |  | |
| Tel No. (Home) | | | | |  | | | | | | | | | | | | | | | | Emergency Tel No. | | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION B – CHOICE OF COURSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section is **VERY** **IMPORTANT**. Do not fill this in until you have looked through the prospectus, talked your choices through with the relevant subject teachers, your progress mentor and your parents. Once you have made your choices, enter them in as shown below. **YOU** **MUST** **CHOOSE 3 COURSES AND LIST THEM IN ORDER OF IMPORTANCE**. For vocational courses such as BTECs, please indicate if you wish to study Level 3 or Level 2 (if available). If you are applying for Level 2 courses, you must choose 4 courses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Subject | | | | | | | | | | | | | | | | | | | | | | | Qualification | | | |
| e.g. | | | | *Sociology* | | | | | | | | | | | | | | | | | | | | | | | *A level* | | | |
| First Choice | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Second Choice | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Third Choice | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Reserve Option | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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**SECTION C – SCHOOL INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| School attended in 2019/20: | I.C.C |  | Other (please state) | |  |  |
|  |  |  |  | |  |  |
| ICC Progress Mentor |  | | |  |  |  |
|  |  | |  | |  |  |

**SECTION D – COURSE INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | | |  |
| Qualifications/Examinations taken or to be taken | | | |  | | |  |
| Subject | | | Qualification | | Target Grade | | Current Predicted /Actual Grade |
| *e.g. Mathematics* | | | *GCSE* | | *B* | | *C* |
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**SECTION E – LEARNING SUPPORT NEEDS**

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| It would be useful if you could answer, as fully as possible, the questions in the section below. The information you provide will be used by us to help you succeed on your chosen course(s) | | | | |
| 1. Do you have any kind of learning difficulty, which could affect your studies?   e.g. hearing or visual impairment, dyslexia, physical disability, mental health, medical or health problems. | | | | |
|  | | | | |
| YES |  | NO |  |  |
|  | | | | |
| If YES please specify | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| 1. Have you had any special examination arrangements in the past?   e.g. extra time, use of a laptop computer. | | | | |
|  | | | | |
| YES |  | NO |  |  |
|  | | | | |
| If YES please specify | | | | |
|  | | | | |
|  | | | | |
| 1. Do you wish to discuss your learning support needs with an appropriate member of staff? | | | | |
|  | | | | |
| YES |  | NO |  |  |
|  | | | | |
| If YES please give more details and someone will make contact with you. | | | | |
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|  | | | | |

**SECTION F – PERSONAL STATEMENT**

|  |
| --- |
| Tell us why you would make a good Sixth Form Student. What are you like as a student? What is your attitude to work? Why have you chosen the courses you wish to study? What are your future career plans? How can you contribute to Sixth Form life?  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………. |

**SECTION G – SIGNATURE**

|  |  |  |  |  |  |  |  |
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|  | | | | | | | |
| I wish to apply for a place in the Sixth Form at Ifield Community College. I understand that acceptance on to any course is subject to candidates fulfilling the course entry requirement. I confirm that to the best of my knowledge the information given on this form is correct and that information I have supplied will be recorded on a computer and used in accordance with the Data Protection Act. I understand you will share details among the college departments to help manage information and may contact me with relevant information. I understand that Ifield Community College reserves the right to change or cancel any course listed in the prospectus. | | | | | | | |
|  | | | |  | |  |  |
| Signature of Applicant: |  | | | | | Date: |  |
|  | | | |  | |  |  |
| I support the above application | | | | |  |  |  |
|  | | |  | | |  |  |
| Signature of Parent/Guardian: | |  | | | | Date: |  |
|  | |  | | | |  |  |

**SECTION H – INTERVIEW (To be completed by Ifield Community College staff only)**

|  |  |  |  |  |  |  |  |
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|  | | | | | | | |
| This space is to be used during your interview. Please leave blank. | | | | | | | |
|  | | | | | | | |
| COURSES OFFERED: | | | | | | | |
| **LEVEL 3 COURSES** **LEVEL 2 COURSES** | | | | | | | |
|  | | | | | | | |
| 1) 1)  2) 2)  3) 3)  R) 4) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Is student on track to achieve the necessary entrance criteria for each course? | | | | | | | |
|  | | | | | | | |
| YES | |  | NO |  | |  | |
|  | | | | | | | |
| AGREED ENTRY REQUIREMENTS:  FURTHER DISCUSSION (goals, grades, behaviour, attendance) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Discussion points (please tick if discussed) | | | | | | | |
|  | | | | | | | |
| Attendance 🞏 Enrichment fee 🞏  Dress-code 🞏 Induction 🞏 | | | | | | | |
| September Interview 🞏 | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| First Choice Institution: ICC 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tutor group friends: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| Signature: |  | | | | Date: | |  |
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