

Application Form 2010/11



Before you complete the form please study our prospectus and website and discuss your application with your head of year, careers advisor and your parent(s)/guardian(s). The form is available to download from our website www.ic6.co.uk. Please complete all sections using black ink and **CAPITAL LETTERS**.

Family Name or Surname			First Name(s)	
<input type="text"/>			<input type="text"/>	
Date of Birth	Age on 31 August 2010	M/F	National Insurance No. if known	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent Home Address			Telephone Numbers and Email Address	
<input type="text"/>			Home <input type="text"/>	
<input type="text"/>			Student Mobile <input type="text"/>	
Postcode			Student Email <input type="text"/>	
Parent/Guardian/Other - living with you at the above address			Telephone Numbers and Email Address	
Title (Mr/Mrs)	Surname		Daytime Number <input type="text"/>	
First Name			Mobile <input type="text"/>	
			Email <input type="text"/>	
Country where you normally live			Nationality	
<input type="text"/>			<input type="text"/>	
Medical Condition – please make known any physical conditions, allergies, medications etc.				
<input type="text"/>				

Support needs: Please tell us below about support you may require for any disability or personal circumstances which may affect your learning and you wish the Islington Consortium to be aware of, specifying any particular requirements. This information will be used to help with your application and ensure you succeed on your chosen course. If you prefer to give this information in some other way, please indicate below and you will be contacted.

Disability/learning difficulty or personal circumstance:

Support Required:

Islington Sixth Form Consortium has policies to promote equal opportunities. Your response to this question will be treated in absolute confidence and will help us to monitor the effectiveness of these policies. Answering this question is optional.

Please tick the appropriate box to indicate your cultural background.

White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other	
	<input type="checkbox"/> Any Other Mixed	<input type="checkbox"/> Other		

The Islington Sixth Form Consortium is registered under the Data Protection Act to hold information on students and has procedures to protect personal data.

Present School (full address)

Exam Subjects with predicated grades or results achieved

Subject (GCSE/GNVQ/other) GCSE: Please specify: H (Higher), I (Intermediate), F (Foundation) S/C (Short course)	GRADE Predicted or Achieved	Year of Exam	Subject (GCSE/GNVQ/other) GCSE: Please specify: H (Higher), I (Intermediate), F (Foundation) S/C (Short course)	GRADE Predicted or Achieved	Year of Exam

Courses/Subjects being considered

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work experience or part time employment undertaken

Careers or university subjects which you are considering

Personal Statement. Tell us about your achievements, skills, your interests and spare time activities and the reasons for your choice of career or university subjects after you leave Islington Sixth Form Consortium.

A large, empty rectangular box with a thin blue border, intended for the student to write their personal statement.

Applicant's Signature

Date

Parent or Guardian's Signature

(required for all students under the age of 19 on the 1st September)

Date

I wish my son/daughter/ward to attend the Islington Sixth Form Consortium and I accept the rules and conditions as set out on the IC6 website. I understand that the information provided on this application form may be passed to the Learning and Skills Council/Local Authority, which are registered under the Data Protection Act 1984.

Please return this completed application form to Islington Sixth Form Consortium, c/o Central Foundation Boys' School, Cowper Street, London EC2A 4SH.

We will keep your details on our database in compliance with the Data Protection Act 1984 so that we can contact you about the course you have applied for. We may also use your details to contact you about the College its news and events.

If you would prefer not to be contacted for this purpose please tick this box.

Information about a disability, learning difficulty or personal circumstance you wish us to be aware of will be passed to our Learning Support Team so they can arrange any necessary support you may need.

Please note that enrolment will be from late August to early September 2010

Office use only

Administration number

Application received date

Reference received date

Reference requested date

Interview

Date offered

Took place Yes No

Place offered Yes No If yes, course title

Type of offer Unconditional Conditional

Offer letter sent

If conditional please list conditions

Form tutor located at

