

# HARROW SIXTH FORM COLLEGIATE

## APPLICATION FOR FULL TIME SIXTH FORM EDUCATION

For pupils in Harrow high schools starting 2019/20

### **Bentley Wood High School**

Clamp Hill, Stanmore  
Middlesex HA7 3JW  
Tel: 020 8954 3623  
Email: [schooloffice@bentleywood.harrow.sch.uk](mailto:schooloffice@bentleywood.harrow.sch.uk)  
[www.bentleywood.harrow.sch.uk](http://www.bentleywood.harrow.sch.uk)

### **Canons High School**

Shaldon Road, Edgware  
Middlesex HA8 6AN  
Tel: 020 8951 5780  
Email: [admin@canons.harrow.sch.uk](mailto:admin@canons.harrow.sch.uk)  
[www.canonshighschool.org.uk](http://www.canonshighschool.org.uk)

### **Harrow College**

Harrow on the Hill Campus  
Lowlands Road, Harrow, Middlesex HA1 3AQ  
Tel: 020 8909 6000  
Email: [enquiries@hcuk.harrow.ac.uk](mailto:enquiries@hcuk.harrow.ac.uk)  
[www.harrow.ac.uk](http://www.harrow.ac.uk)

### **Harrow High School**

Gayton Road, Harrow  
Middlesex HA1 2JG  
Tel: 020 8861 7300  
Email: [office@hhsweb.org](mailto:office@hhsweb.org)  
[www.hhsweb.org](http://www.hhsweb.org)

### **Hatch End High School**

Headstone Lane, Harrow  
Middlesex HA3 6NR  
Tel: 020 8428 4330  
Email: [admin@hatchend.harrow.sch.uk](mailto:admin@hatchend.harrow.sch.uk)  
[www.hatchend.harrow.sch.uk](http://www.hatchend.harrow.sch.uk)

### **Kingsley High School**

Whittlesea Road, Harrow Weald  
Middlesex HA3 6ND  
Tel: 020 8421 3676  
Email: [office@kingsley.harrow.sch.uk](mailto:office@kingsley.harrow.sch.uk)  
[www.kingsley.harrow.sch.uk](http://www.kingsley.harrow.sch.uk)

### **Nower Hill High School**

George V Avenue  
Pinner HA5 5RP  
Tel: 020 8863 0877  
Email: [sixthenquiries@nowerhill.harrow.sch.uk](mailto:sixthenquiries@nowerhill.harrow.sch.uk)  
[www.nowerhill.harrow.sch.uk](http://www.nowerhill.harrow.sch.uk)

### **Park High School**

Thistlecroft Gardens, Stanmore  
Middlesex HA7 1PL  
Tel: 020 8952 2803  
Email: [info@parkhighstanmore.org.uk](mailto:info@parkhighstanmore.org.uk)  
[www.parkhighstanmore.org.uk](http://www.parkhighstanmore.org.uk)

### **Rooks Heath College**

Eastcote Lane, South Harrow  
Middlesex HA2 9AG  
Tel: 020 8422 4675  
Email: [contactus@rooksheath.harrow.sch.uk](mailto:contactus@rooksheath.harrow.sch.uk)  
[www.rooksheath.harrow.sch.uk](http://www.rooksheath.harrow.sch.uk)

### **Shaftesbury High School**

Headstone Lane, Harrow  
Middlesex HA3 6LE  
Tel: 020 8428 2482  
Email: [adminoffice@shaftesbury.harrow.sch.uk](mailto:adminoffice@shaftesbury.harrow.sch.uk)  
[www.shaftesbury.harrow.sch.uk](http://www.shaftesbury.harrow.sch.uk)

### **Stanmore College**

Elm Park, Stanmore  
Middlesex HA7 4BQ  
Tel: 020 8420 7700  
Email: [enquiries@stanmore.ac.uk](mailto:enquiries@stanmore.ac.uk)  
[www.stanmore.ac.uk](http://www.stanmore.ac.uk)

### **Whitmore High School**

Porlock Avenue, Harrow  
Middlesex HA2 0AD  
Tel: 020 8864 7688  
Email: [secretary@whitmore.harrow.sch.uk](mailto:secretary@whitmore.harrow.sch.uk)  
[www.whitmore.harrow.sch.uk](http://www.whitmore.harrow.sch.uk)

**Full-time Application Form 2019/20**

Please number your chosen colleges or schools sixth form in order of your preference:

**HARROW COLLEGE:**

- HARROW ON THE HILL CAMPUS
- HARROW WEALD CAMPUS
- WHITEFRIAR TRAINING CENTRE
- HARROW SKILLS CENTRE
- STANMORE COLLEGE
- SCHOOL SIXTH FORM  
(Nominate School)

**1. PERSONAL DETAILS**

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Gender: Male  Female  Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Home Telephone No \_\_\_\_\_

Student Mobile \_\_\_\_\_

Student Email \_\_\_\_\_

Local Authority \_\_\_\_\_

Middle/Junior School \_\_\_\_\_

Dates \_\_\_\_\_

High School \_\_\_\_\_

Dates \_\_\_\_\_

College \_\_\_\_\_

Dates \_\_\_\_\_

Have you been resident in the UK for the last 3 years?

Yes  No

If no, what is your country of origin? \_\_\_\_\_

If no, what is your date of entry into the UK? \_\_\_\_\_

Do you regard English as your second language?

Yes  No

If yes, what is your first language? \_\_\_\_\_

Parent/Guardian Surname \_\_\_\_\_ Title \_\_\_\_\_

Forename \_\_\_\_\_

Daytime Telephone Mobile \_\_\_\_\_

Email \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Surname \_\_\_\_\_ Title \_\_\_\_\_

Forename \_\_\_\_\_

Daytime Telephone Mobile \_\_\_\_\_

Email \_\_\_\_\_

FOR OFFICE USE ONLY

To enable us to support you please tick box as appropriate.

If you think you have a:

- |   |  |
|---|--|
| <input type="checkbox"/> Disability                               | Please give details - Learning Difficulty:                       |
| <input type="checkbox"/> Learning Difficulty                      | <input type="checkbox"/> Moderate Learning Difficulty - 01       |
| <input type="checkbox"/> Health Problem                           | <input type="checkbox"/> Severe Learning Difficulty - 02         |
| Please give details - Disability:                                 | <input type="checkbox"/> Dyslexia - 10                           |
| <input type="checkbox"/> Visual Impairment - 01                   | <input type="checkbox"/> Dyscalculia - 11                        |
| <input type="checkbox"/> Disability affecting Mobility - 03       | <input type="checkbox"/> Other Specific Learning Difficulty - 19 |
| <input type="checkbox"/> Other Medical Condition - 05             | <input type="checkbox"/> Autism Spectrum Disorder - 20           |
| <input type="checkbox"/> Mental Health Difficulty - 07            | <input type="checkbox"/> Multiple Learning Difficulties - 90     |
| <input type="checkbox"/> Hearing Impairment - 02                  | <input type="checkbox"/> Other - Please State - 97               |
| <input type="checkbox"/> Other Physical Disability - 04           |  |
| <input type="checkbox"/> Emotional or Behavioural Difficulty - 06 |  |
| <input type="checkbox"/> Temporary Disability - 08                |  |
| <input type="checkbox"/> Profound complex Disability - 09         |  |
| <input type="checkbox"/> Aspergers Syndrome - 10                  |  |
| <input type="checkbox"/> Multiple Disabilities - 90               |  |
| <input type="checkbox"/> Other - Please State - 97                |  |

Please give details of support required:

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Any disclosure of disability will be used only to help ensure that reasonable arrangements are made to support you on your course. Please help us to monitor our equal opportunities policy by filling in this section. It will not affect your chances of a place. I consider my ethnic origin to be (please tick appropriate box):

- English/Welsh/Scottish/Northern Irish/British - 31
- Irish - 32
- Gypsy Or Irish Traveller - 33
- Any Other White Background - 34
- White & Black Caribbean - 35
- White & Black African - 36
- White & Asian - 37
- Any Other Mixed/Multiple Ethnic Background - 38
- Indian - 39
- Pakistani - 40
- Bangladeshi - 41
- Chinese - 42
- Any Other Asian Background - 43
- African - 44
- Caribbean - 45
- Any Other Black/African/Caribbean Background - 46
- Arab - 47
- Any Other Ethnic Group - 98

Religion: \_\_\_\_\_

## 2. WHAT IS YOUR CAREER AIM?

## 3. COURSE APPLIED FOR

Course and subjects applied for	Type GCSE, A Level, BTEC etc.

Alternative choices: \_\_\_\_\_

## 4. QUALIFICATIONS

Please give details of any qualifications already obtained, exams still to be taken or courses completed. Predicted grades to be entered by school/college referee.

Subject or Course	Type GCSE, A Level BTEC etc.	Full/Short	Date of Award	Grade achieved if completed	Grade predicted if result not yet known

## 5. REFERENCE TO BE COMPLETED BY THE SCHOOL REFEREE

General Assessment (please tick appropriate boxes)	Outstanding	Good	Satisfactory	Unsatisfactory
Attitude to academic work				
Meeting assignment deadlines				
General conduct				
Attendance (%)				
Punctuality (%)				

Student recommended for chosen course: Yes  No

If yes, please state why you feel the applicant is suitable for his/her chosen programme of study.  
If no, please recommend an appropriate course.

I confirm that the predicted grades entered are correct:

Signed \_\_\_\_\_

Position \_\_\_\_\_

## 6. SIGNATURES OF APPLICANT AND PARENT/GUARDIAN

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

COLLEGE/SCHOOL STAMP

## **HOW TO COMPLETE THIS FORM**

You should only complete one form and make one application. Please fill in all the sections of the form clearly. Use black ink and print your personal details in block capitals.

Remember, you will need a referee from your school to complete section four of the application form. If you submit your application form without a reference, it will be returned to you for completion.

Please remember to sign the form which must also be signed by your parent/guardian.

For details of the courses provided please see our prospectus.

## **WHERE AND WHEN TO SEND THIS FORM**

Your form will be completed by your school and sent directly to your preferred provider by the closing date Friday 8th February 2019. Applications after this date will be considered according to availability.

## **WHAT HAPPENS NEXT**

The outcome of your first application will be notified by the first day of the summer term. If your first choice college or school sixth form does not offer you a place, your application will be passed to your second choice.

The providers make every effort to give guidance which ensures that you are placed on a programme of study that best suits your needs. The offer of a place is conditional on your achieving the appropriate entrance qualification, details of which are indicated in the course information from each provider, and will be made clear at interview or your letter of offer. Offers may need to be renegotiated if there is a lack of demand for the course. Every effort will be made to place you on an alternative course in September if you do not meet the conditions of your original offer.

## **STUDENTS WITH LEARNING DIFFICULTIES AND DISABILITIES**

The providers are committed to providing maximum opportunities for all students. Information on provision is contained in a Disability statement available at each institution.

Each provider has a co-ordinator for students with specific learning difficulties and or disabilities.

There are clearly established links between colleges, high schools and local authorities to facilitate the transition of students.

Contact your preferred provider with regard to physical access in respect of your chosen course.

To assist the providers please indicate if you have a special educational need by providing as much detail as possible on the relevant section of the application form.

## **FINANCIAL SUPPORT FOR STUDENTS**

The 16-19 Bursary scheme is designed to help support young people who face the greatest financial barriers to participation in education of training. For more information see [www.education.gov.uk](http://www.education.gov.uk) or ask your school or college.

## **TUITION FEES - HOME STUDENTS**

Home students aged 16-18 are not normally charged fees for Registration, Tuition or first sitting of Examinations.

## **TUITION FEES - OVERSEAS STUDENTS**

All overseas students will pay registration, tuition and examination fees. Contact your preferred provider for the tariff.

The information on this application will form the basis of a computer record. Details of the uses to which the information will be put are available from the reception desk in each institution.

## **DATA PROTECTION**

The information you provide will be used by The Collegiate for the sole purpose of course application administration and associated correspondence. At no time will your personal information be passed to other organisations for marketing, sales or any other purpose.