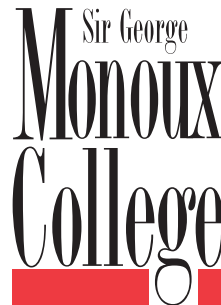


APPLICATION FORM 2017



Admissions Department
 Sir George Monoux College
 Chingford Road, London E17 5AA
 Tel: 020 8523 3544 ext: 3400
 Fax: 020 8498 2466
 Email: admissions@sgmc.ac.uk
 Website: www.sgmc.ac.uk

OFFICE USE ONLY	
Student ID:	2017
Date Received:	

Admissions opening times: 9.00am – 4.30pm

EARLY APPLICATIONS ARE ADVISED AS PLACES ARE LIMITED.

Enrolment commences: Thursday, August 24th 2017

PERSONAL DETAILS

Family Name:		
Forenames:		
Date of Birth: Day / Month / Year	Age:	Gender: <i>Please tick</i> Female <input type="checkbox"/> Male <input type="checkbox"/>
Home Address:		
Post Code:	Time at Address Years	
Home Tel No:		
Applicants Mobile No:		
Applicants E-mail Address:		

PRESENT OR MOST RECENT EDUCATION

Name of School/College:		Overseas? Yes* <input type="checkbox"/>
Borough/Area of School/College		
Start Date: Month / Year	Finish Date: Month / Year	
Have you applied or previously studied at Sir George Monoux College? Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If your present or most recent education is outside of the UK, you will need to provide a translation of your qualifications through www.naric.org.uk Please tick if translation is provided <input type="checkbox"/>		

Nationality: <i>(As on Passport)</i>	Born in UK: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Arrival in UK: (if applicable) Day / Month / Year
Have you been living in the UK, EU or EEA within the last 3 years? <i>Please tick</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>		
Are you an Asylum Seeker or Refugee? <i>Please tick</i> Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Border Agency/Passport copy enclosed (if not born in the UK) Yes <input type="checkbox"/> <i>*This information will not affect your application, but a copy of your most recent Border Agency papers and passport will be required for our records.</i>		
Main language spoken at home (other than English)?		

SUBJECTS CURRENTLY STUDYING

1
2
3
4
5
6
7
8

PARENT / GUARDIAN DETAILS

<i>Please tick</i> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		
Full Name of Parent/Guardian:		
Contact Number of Parent/Guardian:		
Emergency Contact Name: (If different from Parent/Guardian)		
Emergency Contact Number: (If different from Parent/Guardian)		
Parent/Guardian E-mail Address:		

COURSES YOU WANT TO STUDY

Please refer to the college prospectus or website www.sgmc.ac.uk/courses
 * Only available to applicants with high attainment.

A LEVELS (4 SUBJECTS)	
1	
2	
3	
4*	
BTEC/VOCATIONAL	
1	

WHERE DID YOU HEAR ABOUT US?

<input type="checkbox"/> Careers	<input type="checkbox"/> Facebook	<input type="checkbox"/> Monoux Website	<input type="checkbox"/> Twitter
<input type="checkbox"/> Leaflet	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> School Visit	<input type="checkbox"/> Other - specify

OFFICE USE ONLY

App. checked by	Date	Notes/Alert on Prosolution Yes <input type="checkbox"/>
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ETHNIC MONITORING Please tick **one** box only

31 – English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>	37 – White and Asian <input type="checkbox"/>	43 – Any other Asian Background <input type="checkbox"/>
32 – Irish <input type="checkbox"/>	38 – Any other Mixed/Multiple Ethnic <input type="checkbox"/>	44 – African <input type="checkbox"/>
33 – Irish/Gypsy Traveller <input type="checkbox"/>	39 – Indian <input type="checkbox"/>	45 – Caribbean <input type="checkbox"/>
34 – Any other White background <input type="checkbox"/>	40 – Pakistani <input type="checkbox"/>	46 – Any other Black, African, Caribbean Background <input type="checkbox"/>
35 – White and Black Caribbean <input type="checkbox"/>	41 – Bangladeshi <input type="checkbox"/>	47 – Arab <input type="checkbox"/>
36 – White and Black African <input type="checkbox"/>	42 – Chinese <input type="checkbox"/>	98 – Other <input type="checkbox"/>

ADDITIONAL SUPPORT AND SAFEGUARDING

Sir George Monoux College welcomes and supports students with disabilities and learning difficulties. It is helpful to know about your disability or learning difficulty in advance so that we can discuss and put into place the support that you may need at College. The College welcomes students from all backgrounds and we strive to create an inclusive learning environment. Completing the questions below will give the College a better understanding of your needs.

Any information you provide will be treated in confidence.

We want all of our students to succeed at Sir George Monoux College and we can provide a wide range of support. The first step is to tell us what support you currently receive at school.

<None>Do you have a Support Need? Yes No (If **yes** please tick all that are applicable)

I am Registered Disabled <input type="checkbox"/>	I have an Educational & Health Care Plan (EHCP) or a Learning Difficulty Assessment (LDA)? <input type="checkbox"/>
I have a physical disability <input type="checkbox"/>	I have visual/hearing impairment <input type="checkbox"/>
I have a learning need or disability <input type="checkbox"/>	I have personal/emotional needs <input type="checkbox"/>
I have literacy/numeracy support <input type="checkbox"/>	I have had access arrangements for exams <input type="checkbox"/>
I have a medical condition <input type="checkbox"/>	I have other support needs <input type="checkbox"/>

“Sir George Monoux College fully recognise its responsibility for the safeguarding and protection of young and vulnerable adults who are students of the College, and for promoting their welfare. The College aims at all times to create and maintain a safe environment for all students, staff, volunteers and visitors.”

Are you currently: (Please answer each question)

In care; just left care; in receipt of Income Support (Yourself); Living in a Hostel or Homeless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not living with a parent, guardian or family member; Alone in this country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a 'Looked After' Child? If Yes with which local authority	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a criminal record or a pending case?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TELL US ABOUT YOURSELF

Please tell us why you have chosen the course/subjects you are applying for and your plans. This is also your opportunity to tell us about your interests and hobbies including any experience you have that supports your choices.

STATEMENT OF APPLICANT and DATA PROTECTION

Please read the following statement. This will help us process your application more quickly.

I wish to apply for admission to the full-time course described in the **COURSES YOU WANT TO STUDY** section. If offered a place at the College, I agree to comply with the general regulations, policies and procedures of the College and any particular conditions set out in the Offer of Admission. I consent to Sir George Monoux College using my photograph in publicity materials and/or electronic media and to issuing educational related details to my previous school or last educational establishment. I understand that Sir George Monoux College retains the copyright of this image and gives permission for its use in all media.

The College will contact your parents/legal guardian for purposes and issues relating to attendance, behaviour and any other concerns the College may have. **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 Education Funding Agency.

How We Use Your Personal Information

Some of the information you supply will be used by the Education Funding Agency to fulfil its statutory functions, issue/verify your Unique Learner Number (ULN) and update/check your Personal Learning Record. The Education Funding Agency may share your ULN and Personal Learning Record with other education related organisations, such as your careers service, school, college, university, Government Departments and public bodies responsible for funding your education. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice

Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone.

Tick this box if you do not wish to be contacted about courses or learning opportunities by post. Student's Signature



INTERVIEW SECTION

OFFICE USE ONLY

Interviewer's Name:

Date:

Day Month Year

Future Career/Education plans (Please check in relation to course choice):

What activities and interests are you involved in e.g. sports, music, gifted and talented (record details):

Any other information which supports or impacts applicant?

LEVEL, COURSE OR SUBJECT CHOICES

Please enter under appropriate level

A Level (Level 3) 5 GCSE A*-C required * Only available to applicants with high attainment	Level 3 BTEC (Ext Dip, Dip, Cert) 5 GCSE A*-C required	Level 2 BTEC Diploma 4 GCSE D-E required
1		
2		
3		
4*		

OUTCOME OF INTERVIEW

Has a place been offered? Yes No
 If NO where have you referred the applicant?

Seen by Study Plus:

Date:

Interviewer's Signature:

Initials:

Day Month Year

SCHOOL REFERENCE REFERENCES ARE NEEDED PRIOR TO INTERVIEW. (To be completed by education staff)

Student Name: _____

Unique Learner Number (ULN): _____

To the Student: Thank you for completing your part of the application form. **Please hand the form to your Head of the Year who will arrange for the reference section to be completed.**

Date of Birth: Day / Month / Year

To the Referee: Please complete the entire section below, clearly in **BLOCK CAPITALS**. **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)	Grade	Subject	Exam (If not GCSE)	Grade
MATHS					
ENGLISH					
ENGLISH LITERATURE					
SCIENCE ADDITIONAL					
SCIENCE CORE					

Please tick the most appropriate box	Excellent (100%-96%)	Good (95%-90%)	Average (89%-85%)	Below Average (84-81%)	Poor (below 80%)
Attendance (Please state % if available)					
Punctuality (Please state % if available)					
Motivation					
Self-Discipline					
Relationship with Staff					
Relationship with Students					

If you have ticked 'Average', 'Below Average' or 'Poor', for any of the above please give details:

Has the student received ESOL or learning support? Yes No
If yes please give details:

Does this student have any access or healthcare needs? Yes No
If yes please give details:

Has the student been referred for serious misconduct? Yes No
If yes please comment:

Please use the space below to comment on the students abilities for the course and on personal qualities.

Name (print):

Signature:

Position (print):

School stamp:

Student's Start Date: Day / Month / Year

Expected Completion Date: Day / Month / Year