

The Bishop of Winchester Academy

6th Form Application entry

Application Deadline: 31st January



Please complete this form in BLACK INK.

Student Surname: _____

Student First Names: _____

Date of Birth: _____

Present School/College: _____

Year 11 Mentor Group: _____

Present Head of Year: _____

Student Mobile No: _____

Student Email Address: _____

Home Address: _____

Postcode: _____

Home Telephone: _____

Parent/Carer Name: _____

Parent/Carer Daytime Contact No: _____

Choosing your programme of study

SUBJECTS - In order of preference.		COURSE - i.e., A level, Single BTEC, Double BTEC.
1		
2		
3		
4		

IMPORTANT NOTE: Courses for which there is insufficient demand may not run as advertised.

Most recent school/college education

Give details of exams taken or pending Subject	BTEC/GCSE	Results		Date Achieved (if applicable)
		Predicted	Actual	

Post 16 Choices – Institutions

If you are applying to other post 16 institutions, give details below in order of preference.		
Order	Institution	Courses applied for
1		
2		
3		

Personal Statement in support of your application: Please complete this page in BLACK INK in your own handwriting, giving details.

Why would you like to study your chosen courses/subjects? Give your reasons in detail

What are your main extra-curricular activities, interests and hobbies? Please give details

Why do you wish to join The Bishop of Winchester Academy 6th Form?

What would you bring to the Academy community?

What do you plan to do after completing 6th Form? Give evidence of careers/course research, including plans for employment, apprenticeships and university study.

Student signature: _____

Date: _____

Additional Support Questionnaire

1. Do you have any health or medical conditions? (Consider allergies too)	Yes	No
If you answered 'Yes' please give details:		
2. Do you have a disability?	Yes	No
If you answered 'Yes' please give details:		
3. Do you have a learning difficulty? (e.g. Dyslexia, Dyspraxia)	Yes	No
If you answered 'Yes' please give details:		
4. Do you get any special arrangements for examinations?	Yes	No
If you answered 'Yes' please give details:		
5. Do you suffer from any mental ill health?	Yes	No
If you answered 'Yes' please give details:		
6. Is there are any other support you would require at school/college?	Yes	No
If you answered 'Yes' please give details:		

PLEASE RETURN THIS FORM TO:

HEAD OF 6th FORM, THE BISHOP OF WINCHESTER ACADEMY, MALLARD ROAD, BOURNEMOUTH, BH8 9PW

The Bishop of Winchester Academy Admissions team will acknowledge receipt of your application form (usually within 5 working days). If you have any queries regarding the progress of your application please contact the Admissions team on 01202 512697.

Please note that by completing this form your details will be held on our student record system and will be used for management and administrative purposes. As part of our admissions process we will send you information and communications relating to your application and admissions (by email, text or post). The Bishop of Winchester Academy complies with the Data Protection Act 1998. The Academy is committed to equal opportunities. See our Equality Policy on the website for more details. We may contact any recent education provider to request information.

For Office use only:

Date received: _____

Signed: _____

Acknowledged on: _____