

Internal Use Only:

Date Received .....

Reference complete ..... Number ..... Interview .....

# THE GREY COAT HOSPITAL

## External Application Form for the Sixth Form

Passport Sized  
Photograph Must  
Be Attached

### Section A - Personal details

This section should be completed in **BLOCK CAPITALS**

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Female  Male  Date of Birth    /    /    Nationality \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Country of Birth \_\_\_\_\_

Bilingual    Yes  Language \_\_\_\_\_    NO

School/College currently attended \_\_\_\_\_ Tel. \_\_\_\_\_

Form Tutor's name \_\_\_\_\_ HoY's Name \_\_\_\_\_ Tel \_\_\_\_\_

Home Address \_\_\_\_\_

Tel. Number -    Daytime (very important) \_\_\_\_\_  
Evening \_\_\_\_\_

Borough \_\_\_\_\_

Previous Schools \_\_\_\_\_

### Section B - Reasons for applying to The Grey Coat Hospital Sixth Form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section C - Career & Further/Higher Education Intentions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





To be completed by the applicant's school

Section 1: PREDICTED GCSE GRADES

Please complete the Predicted Grade column on the previous page.

Section 2: CONFIDENTIAL REFERENCE

Please tick appropriate box:

	Excellent	Good	Average	Poor
Attendance				
Punctuality				
Reliability				
Relationship with peers				
Relationship with teachers				
Attitude to work				
Initiative				
Completion of coursework				

Section 3: GENERAL INFORMATION

Does the student have any special educational needs or health requirements? \_\_\_\_\_

Does the student hold any positions of responsibility? \_\_\_\_\_

How many years has the student attended your school? \_\_\_\_\_

Are there any special circumstances we should take into account? \_\_\_\_\_

Recommendations/comments \_\_\_\_\_

Section 4: SUITABILITY FOR CHOSEN COURSE

Please tick the most appropriate box:

A strong A-Level Candidate - likely to achieve six A/B grades at GCSE

Probably an A-Level candidate-likely to achieve five C grades in academic subjects

Will need to spend another year on GCSE/GNVQ Intermediate courses

Name

Position

Signature

Date

Contact Telephone Number

Please return completed form **together with a photocopy of your passport** by **Friday, 6th January 2012** for early offer

or **Friday, 3rd February 2012** to: Mrs Tina Wells, The Grey Coat Hospital, Regency Street, Westminster SW1P 4GH  
Telephone: 0207 969 1966