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| N:\CVs\Hart Logo.pngT:\Staff Resources\Shared Staff Documents\Admin\Templates_Logos_Maps\Thomas Alleyne Academy logos\Thomas Alleyne logo.jpg **The Thomas Alleyne Academy**  **SIXTH FORM APPLICATION 2024****Thomas Alleyne Academy is working in partnership with a consortium of Stevenage schools to deliver a wide range courses to post 16 students which include a variety of level 2 and 3 academic and vocational courses.** **You may contact us by telephoning: 01438 344341 or logging on to the Academy website sixth form section that lists the courses on offer and entry criteria for each subject.** * **Please complete this application form if you wish to apply for a place at The Thomas Alleyne Academy Sixth Form**
* **Please use a black ballpoint pen and capital letters**
* **Please return the completed form to the Sixth Form Office, The Thomas Alleyne Academy, High Street, Stevenage, Herts SG1 3BE or scan and email.**

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| **The Thomas Alleyne Academy****High Street, Stevenage, Herts SG1 3BE T: 01438 344341** admin@tas.herts.sch.uk |
|  **1. Applicant** |
| Title (Mr, Miss, Ms) |  | First name |  | Last name |  |
| Address |  Postcode: |
| Home telephone |  |
| Applicant’s mobile |  |
| Applicant’s emailParent’s email |  |
| Date of birth |  | Age on 31Aug 2024 |  |
| Gender |  Female ❑ |  Male ❑ |
| If you are not currently studying at Thomas Alleyne, please add below the full name, address and name of Head of Year: (or similar) |
|  |
| **2. Qualifications** |
| **I have taken the following examinations/will be taking these examinations before September 2023** |
| **Examination** | **Already taken or to be taken?** | **Level****Eg. GCSE, A Level** | **Date taken/to be taken****(date)** | **Grade****(or predicted Grade if not yet taken)** |
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| **3. Course applied for** |
| I wish to apply to study the following A level subjects at Thomas Alleyne |
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| **4. Consent and understanding** |
| By signing this section, I understand I am confirming my understanding and giving my consent, where appropriate |
| I confirm that the information I have provided is accurate | Yes ❑ |
| I have read and understand the sections below regarding safeguarding, equal opportunities and consent agreement | Yes ❑ |
| The Hart Schools Trust Partners may wish to contact you from time to time. | I **do not** want to be contacted by HST partners regarding courses or learning opportunities | ❑ |
| I **do not** want to be contacted by HST partners regarding surveys and research | ❑ |

**Safeguarding**The Thomas Alleyne Academy is committed to establishing and maintaining an environment where all of our students feel secure and safe, are encouraged to talk, and are listened to when they have an issue or concern.**Equal Opportunities**The Thomas Alleyne Academy reflects the community it serves. We are committed to providing equal opportunities for all our students, to ensure that no-one is discriminated against on the basis of race, gender, religion, sexual orientation or disability.**Consent** The Thomas Alleyne Academy and The Hart Learning Group collects information about all our staff and students for various administrative, academic and health and safety reasons. The Thomas Alleyne Academy collects data and information about our students so that we can run effectively as a school. Our privacy notices explains how and why we collect students’ data, what we do with it and what rights parents and students have. This can be found on our website [www.tas.herts.sch.uk/policies](http://www.tas.herts.sch.uk/policies) If you require any further information about this, please contact the Head of Sixth Form at The Thomas Alleyne Academy**Consent agreement**The information to be recorded and processed (at the date of this agreement) has been completed by me and I confirm that it is correct. I also note that you may need to process sensitive personal data on me in respect of any special needs I may have, in accordance with the details published in the academy’s privacy notice. This will enable you to fulfil your obligations to me under this student agreement and as required by law, and I consent to such use.

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| **Applicant’s signature** |  |
| **Date of signature** |  |

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