**Countesthorpe Leysland Community College Sixth Form Application Form**

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| **Information About You** |
| **Forename(s)** | **Surname (family name):** |
| **Preferred Forename:** | **Preferred Surname:** |
| **Date of Birth:** | **Year Group:** |
| **Home Phone No** | **Personal Phone No:** |
| **Legal Gender:** | **Gender Identity:** |
| **Current school, college or provider:** |

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| **Home Address Details**  |
| **Address:**  |
| **City / Town:**  | **County:** |
| **Postcode:**  | **Country:** |
| **Personal Email Address:**  | **School Email Address:**  |
| **First Language:** |
| **Will you have lived in the UK or EU for 3 years prior to 1st September?** |
| **Date of entry to UK or EU:** | **Previous Country:** |
| **Do you intend to move from your above address before the 1st September?** |

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| **Health** |  |
| **Do you consider yourself to have any medical conditions or disability?** |  |
| **Do you consider that you have a learning difficulty?** |  |

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| **Parental Information** |  |
| **Title:**  | **Name:** |
| **Relationship of Parent (or carer/guardian):** | **Personal Phone Number:** |
| **Home Phone Number:** | **Email Address:** |
| **Do you live with this parent?** |

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| **Qualifications** |  |  |  |
| **Subject / Vocational Course** | **Qualification** | **Predicted Grade** | **Completion Date** | **Actual Grade** |
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| **Work Experience** |
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| **Personal Statement**  |
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| **Equality and Diversity** |  |
| **Sexual Orientation** |  |
| **Religion or Belief** |  |
| **Ethnicity** |  |

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| **Course Choices*: A student's timetable is usually made up of THREE subjects. Please indicate your preferred subjects in the boxes below and then select a reserve subject in the unlikely event that we are unable to meet your first three choices*.****Please note: Health & Social Care Double Award has to be taken with Health & Social Care single award. You Cannot do HSC double on its own.** |
| **First Choice Subject** |  |
| **Second Choice Subject** |  |
| **Third Choice Subject** |  |
| **Forth Choice Subject/Reserve 1** |  |
| **Why have you chosen the courses?** |

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| **References** |  |
| **Reference 1** |  |
| **Referee Name** |  |
| **Relationship** |  |
| **Organisation** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email Address** |  |
| **Reference 2** |  |
| **Referee Name** |  |
| **Relationship** |  |
| **Organisation** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email Address** |  |

Signed: ………………………………………………………………………………………………… Date: ……………………………………

The information you provide on this form will be used by Countesthorpe Leysland Community College, and shared in accordance with our GDPR Policy and Privacy Notice. We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure.

By signing the application form you are confirming that all information provided is correct and that we can contact your current school for an academic reference. For more information please see our [Privacy Policy](https://www.staidans.co.uk/wp-content/uploads/2019/03/GDPR-Privacy-Notice-FINAL-MAY-2018.pdf).