

2 Personal Statement

Please provide details about your goals and aspirations; attributes and outlook; learning style; and experience which you feel makes you suitable for studying at the Colne VI Form College.

This should be handwritten. Please continue on a separate sheet if necessary.

3 Applications to other Colleges

Have you applied to any other Colleges? YES [] NO [] (please tick as appropriate)
If yes, please state which Colleges:

Is Colne VI Form College your first choice? YES [] NO [] (please tick as appropriate)

4 Preferred subject choices

Select up to four Level 3 subjects (A Levels, OCR, BTEC)

Subject 1	
Subject 2	
Subject 3	
Subject 4	

If you choose the BTEC Extended Diploma in Sport (Triple Award), this is the equivalent to 3 A levels and you do not need to choose another subject.

**CHOICE
(please tick)**

BTEC Sport (Triple)

If you wish to be part of one of the Sports Academies, please tick one of Football, Rugby or Golf.

**CHOICE
(please tick one sport)**

Sports Academy - Football

Sports Academy - Rugby

Sports Academy - Golf

5 Intended Destination

Please provide details of what you plan to do after completing your time in Further Education. E.g. University, Higher apprenticeship, employment etc.

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6 Parent/Carer supporting this application

Surname and initials – Mr/Mrs/Ms/Miss/Dr/other	Signature

7 Qualifications

Please give details of any qualifications already achieved or predicted grades for any examinations to be taken. Please continue on a separate sheet (with your name on) if necessary and attach securely to this application form.

Subjects	Level	Awarding Body	Result Grade	Predicted Grade	Year taken/ to be taken

School stamp to authorise predicted grades

8 Parent/Carer contact information

CONTACT 1

Please note that the details for contact 1 will be the contact details used for Schoolcomms home/school communication.

Name		
Address		
Relationship to student		
Telephone number: please identify priority contact (1, 2, 3) during College hours		
Priority		
	Work	
	Home	
	Mobile	
Email address		

CONTACT 2

Name		
Address		
Relationship to student		
Telephone number: please identify priority contact (1, 2, 3) during College hours		
Priority		
	Work	
	Home	
	Mobile	
Email address		

Have you ever been entitled to free school meals? YES [] NO []

9 Student's medical information

Please tick all that apply

Asthma	<input type="checkbox"/>	
Eczema	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Allergy	<input type="checkbox"/>	details _____
Hearing impairment	<input type="checkbox"/>	
Visual	<input type="checkbox"/>	
Other	<input type="checkbox"/>	details _____

10 Colne VI Form College Pre-Admission Reference

Dear Head Teacher, Head of Year or Referee

As part of Colne VI Form College admission procedures, applications for full time further education courses must be accompanied by a reference. Would you therefore please complete all sections of the form below as fully as possible. Also, please enclose a copy of any SEN statement or any exam concession report pertaining to the applicant.

Full name of applicant			
Teacher name and role			
UPN number		UCI number	
Signature			
School/College			

LEARNING SUPPORT INFORMATION

Is this applicant likely to require additional provision to support their studies? If so please give as much detail as possible.

SEN Support
EHCP
Areas of difficulty

ACCESS ARRANGEMENTS

Does this applicant have current access arrangements in place? If so please give details

READER
SCRIBE

EXTRA TIME
LAPTOP USE

ATTENDANCE AND PUNCTUALITY PROFILE

Does this applicant have good time keeping and attendance record? (If their attendance is poor due to illness or some other specific problem, please provide details.)

BRIEF CHARACTER REFERENCE (please use a separate sheet if necessary)

ENTITLED TO FREE SCHOOL MEALS
