

**St Edward’s CofE Academy**

SIXTH FORM APPLICATION FORM FOR STUDENTS NOT CURRENTLY ENROLLED AT ST EDWARD’S CofE ACADEMY (2022 ENTRY)

Please complete the form using

BLOCK CAPITALS.

For questions where there are choices, please fill in the circle to the left of your choice like this

PERSONAL DETAILS BLOCK CAPITALS PLEASE Surname

Forename(s) Email Address

Gender Male Female Other

*Please note: any information you provide will be used solely to compile*

*statistics to help ensure that all*Date of Birth

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*students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time, the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics.*

*From time to time outside agencies; Prospects, etc, ask for data about individual students. I f you do not wish for this information to be given please write to the school.*

Address Permanent Home Address

Postcode

Home Telephone

Student’s Mobile Phone

We will also run GCSE resit courses in English and Maths. You will be allocated to these courses if you do not have a grade 4 or higher in these subjects.

Subjects applied for

We will discuss your choices at interview and we acknowledge that your final choice may change once you receive your GCSE results.

PARENT/CARER CONTACT DETAILS BLOCK CAPITALS PLEASE

Full name of parent/carer Relationship to student Email Address

Title Miss Ms Mrs Mr

Address

Postcode

Home Telephone

Mobile Telephone

Full name of parent/carer Relationship to student Email Address

Title Miss Ms Mrs Mr

Address

Postcode

Home Telephone

Mobile Telephone

**ETHNIC BACKGROUND**

|  |  |  |
| --- | --- | --- |
| White | Albanian *(WALB)* | Turkish *(WTUK)* |
|  | English *(WENG)* | Turkish Cypriot *(WTUC)* |
|  | Greek / Greek Cypriot *(WGRE)* | Welsh *(WWEL)* |
|  | Gypsy / Roma *(WROM)* | White Eastern European *(WEEU)* |
|  | Irish *(WIRI)* | White Western European *(WWEU)* |
|  | Scottish *(WSCO)* | White Other (please specify)  *(WOTW)* |

|  |  |  |
| --- | --- | --- |
| Mixed | White and Black Caribbean *(MWBC)* | White and Asian *(MWAS)* |
|  | White and Black African*) (MWBA)* | Any other mixed background (please specify) *(MOTH)* |

|  |  |  |
| --- | --- | --- |
| Asian or | Indian *(AIND)* | Bangladeshi *(ABAN)* |
| Asian British | Pakistani *(APKN)* | Any other mixed background (please |
|  |  | specify) *(AOTH)* |

|  |  |  |
| --- | --- | --- |
| Black or | Caribbean *(BCRB)* | Sierra Leonean *(BSLN)* |
| Black British | Angolan *(BANN)* Congolese *(BCON)* Ghanaian *(BGHA)* Nigerian *(BNGN)* | Somali *(BSOM)*  Sudanese *(BSUD)*  Other Black African *(BAOF)*  Any other black background (please |

specify) *(BOTH)*

Chinese *(CHNE)*

Any other Afghan *(OAFG)* Vietnamese *(OVIE)*

Ethnic

Group

Kurdish *(OKRD)* Other Black African *(BAOF)*

Latin / South American / Central

American *(OLAM)*

Any other ethnic group (please specify)

*(OOEG)*

I do not wish to disclose my ethnic background *(REFU)*

EQUITY STATEMENT

Do you have a disability, medical condition, learning difficulty or learning need which we need to be aware of in order to provide appropriate support?

|  |  |  |
| --- | --- | --- |
| Wheelchair user | ADHD | Speech difficulty |
| Hearing impairment | Aspergers | Dyslexia |
| Visual impairment | Autism/Autistic Spectrum | Dyscalculia |

Mental health issue English as an additional language (EAL/ESOL)

Other (please specify)

**Medical Condition** which significantly affects daily life (please specify)

ACADEMIC DETAILS

Current (or last)

school or college

Person to contact

Position

Dates at this Date of joining (e.g. 09 2012) Date of leaving (e.g. 07 2017) School/college

We will contact your current (or last) school or college for a reference if one is not included on or with this form.

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QUALIFICATIONS

If you have already been awarded a grade please indicate the date of the award, otherwise leave the date blank.

If you need to continue on a separate sheet, please do so. Be sure to put your name on the sheet and attach it firmly to your application.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | LEVEL | SUBJECT | GRADE  actual or your own estimate |
|  | GCSE | English |  |
|  | GCSE | Mathematics |  |
|  | GCSE | Please circle  Science/Additional Science  Additional Applied Science/Biology  Chemistry/Physics |  |
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CAREER AND HIGHER EDUCATION ASPIRATIONS

I am interested in the following career/university course

Other interests

Please give some thought as to how your subject choices relate to the interests you express.

Please tell us about any interests and/or achievements that you have not mentioned.

SIGNATURE OF APPLICANT

I confirm that the information on this form is correct. I give my permission to obtain a reference from my current (or last) school or college and from any referee that I have named.

SIGNATURE OF APPLICANT DATE

REFERENCE

Please copy your name on to the reference request sheet overleaf, detach it from the application form and give it to your referee to complete and send on to us. Please note that we are not able to process applications without a completed reference.

Name of referee

Email address

Telephone number

Thank you for applying to study at St Edward’s CofE Academy.

**Please send this part of your application directly to:  
Mrs J Ager, Sixth Form Administrator, St Edward’s CofE Academy, London Road, Romford, RM7 9NX**

We will be in touch with you very shortly to confirm that we have received your application.



 **St Edward’s CofE Academy**

REFERENCE REQUEST

The student below has applied to us for an advanced level course and has indicated that you are willing to supply a reference. Thank you for your help; it is much appreciated by St Edward’s CofE Academy.

BLOCK CAPITALS PLEASE Applicant’s Surname Applicant’s Forename(s)

Current (or last)

school or college

Person to contact

Date of birth of applicant

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Dates at this Please confirm the dates between which the student attended the school /

school/college college

Date of joining (e.g. 09 2007) Date of leaving (e.g. 07 2012)

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GENERAL QUALITIES

ATTENDANCE Excellent Good Satisfactory Poor Very poor

Percentage if known:

PUNCTUALITY Excellent Good Satisfactory Poor Very poor

Percentage if known:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ATTITUDE TO STUDY | Excellent | Good | Satisfactory | Poor | Very poor |
| BEHAVIOUR | Excellent | Good | Satisfactory | Poor | Very poor |
| SUITABILITY FOR CHOSEN COURSES | Excellent | Good | Satisfactory | Poor | Very poor |

ADDITIONAL INFORMATION

Please tell us about any other information about the applicant that you think we may find useful when considering this application. For example health, specific learning difficulties, particular requirements for examinations, need for support in English as a second language.

QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | LEVEL | SUBJECT | GRADE  actual or predicted |
|  | GCSE | English |  |
|  | GCSE | Mathematics |  |
|  | GCSE | Please circle  Science/Additional Science  Additional Applied Science/Biology  Chemistry/Physics |  |
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SIGNATURE OF REFEREE

SIGNATURE OF REFEREE DATE NAME OF REFEREE

POSITION

NAME OF SCHOOL/COLLEGE

Thank you for providing a reference for this applicant.

**Please return to:  
Mrs J Ager, Sixth Form Administrator, St Edward’s CofE Academy, London Road, Romford, RM7 9NX**