

# APPLICATION FOR PRE16 COURSES FUNDED BY SCHOOLS

## OFFICE USE ONLY

Date Received

Student No

## PLEASE COMPLETE THIS FORM IN BLACK PEN & BLOCK CAPITALS

To Be Completed by School/Parent(s)/Carer(s)

## SECTION A

### A(i) PERSONAL DETAILS

Surname  Forename(s)   
(as shown on birth certificate)

Known as

Official change of name?  Yes  No  
(if yes, please attach certificate)

Male  Female  Other Date of Birth

Current school year

Address

Postcode

Home Tel No

Student Email

Student Mobile

### COURSE TITLE OR SUBJECTS APPLYING FOR: (Maximum of 5 GCSEs or the equivalent)

### EDUCATION DETAILS: From age 11 (schools) Give names and towns of schools in date order

School	From		To	
	Month	Year	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### ASSESSMENT DETAILS: PREDICTED KEY STAGE 4 LEVELS:

	Predicted	Working At		Predicted	Working At		Predicted	Working At		Predicted	Working At
English	<input type="text"/>	<input type="text"/>	Maths	<input type="text"/>	<input type="text"/>	Science	<input type="text"/>	<input type="text"/>	ICT	<input type="text"/>	<input type="text"/>

### EQUAL OPPORTUNITIES MONITORING

The College/Training Provider is committed to a policy of providing equal opportunities for all. We ask you to help us in operating this policy by completing the information below. Any information will be treated in the strictest confidence. Please tick the box for the ethnic group to which you consider you belong.

#### WHITE

- English/Welsh/Scottish/  
Northern Irish/British <sup>31</sup>
- Irish <sup>32</sup>
- Gypsy or Irish Traveller <sup>33</sup>
- Any other white  
background <sup>34</sup>

#### MIXED/MULTIPLE ETHNIC GROUP

- White & Black Caribbean <sup>35</sup>
- White & Black African <sup>36</sup>
- White & Asian <sup>37</sup>
- Any other mixed/multiple  
ethnic background <sup>38</sup>

#### ASIAN / ASIAN BRITISH

- Indian <sup>39</sup>
- Pakistani <sup>40</sup>
- Bangladeshi <sup>41</sup>
- Chinese <sup>42</sup>
- Any other Asian  
background <sup>43</sup>

#### BLACK/AFRICAN/ CARIBBEAN/ BLACK BRITISH

- African <sup>44</sup>
- Caribbean <sup>45</sup>
- Any other Black /African/  
Caribbean background <sup>46</sup>

#### OTHER ETHNIC GROUP

- Arab <sup>47</sup>
- Any other ethnic group <sup>98</sup>
- Not Provided <sup>99</sup>

## A(ii) CONTACTS

To Be Completed by Parent(s)/Carer(s)

### EMERGENCY CONTACT 1: PARENT/CARER DETAILS

Name  Relationship

Address (if different to above)

Contact telephone number  Email

### EMERGENCY CONTACT 2: PARENT/CARER DETAILS

Name  Relationship

Address (if different to above)

Contact telephone number  Email

## A(iii) BEHAVIOUR RECORD

To Be Completed by School (THIS SECTION IS COMPULSORY- PLEASE ENSURE THERE IS SLT SIGN -OFF)

Please attach student's School report and complete the following information:  
Behaviour log must be attached

	Never/ exemplary	Occasionally		Often		Never/ exemplary	Occasionally		Often
		Insig.	Sig.				Insig.	Sig.	
Disruption					Truancy				
Unacceptable relationships with staff					Bullying				
Unacceptable relationships with peers					Any other information:				

Has the student been a victim of bullying?  Yes  No      Has the student been involved in any criminal activity?  Yes  No

Number of days of fixed period exclusions in Year 9 (or Year 10)       Percentage attendance to date this academic year:  %

Name of school contact person <input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>
Name of Exams Officer <input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>
Name of Attendance Officer <input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>
Name of Finance Department <input style="width: 250px;" type="text"/>	Email <input style="width: 350px;" type="text"/>

Please tick appropriate box to indicate choice of attendance pattern  Full time  Part time

Signature of Senior Leadership Team       School Stamp

Student in receipt of free school meals?  Yes  No  
(School to be invoiced separately for this)

**All attendance, reports and concerns to be shared with this person and there is a college expectation of regular contact with the student (ie quarterly)**

## A(iv) ADDITIONAL NEEDS

To Be Completed by School (THIS SECTION IS COMPULSORY)

If any of the following apply, please tick the box. This information is confidential and will only be shared with appropriate staff.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hearing impairment             | <input type="checkbox"/> Temporary disability after accident or illness | <input type="checkbox"/> Dyscalculia                   |
| <input type="checkbox"/> Visual impairment              | <input type="checkbox"/> Emotional / Behavioural difficulties           | <input type="checkbox"/> Dyslexia                      |
| <input type="checkbox"/> Mental Health                  | <input type="checkbox"/> ADHD   | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Moderate learning difficulties | <input type="checkbox"/> ASD  | <input type="checkbox"/> Young Person at risk          |
| <input type="checkbox"/> Severe learning difficulties   | <input type="checkbox"/> Being cared for outside the family home        | <input type="checkbox"/> Selective mute                |
| <input type="checkbox"/> Young Carer                    | <input type="checkbox"/> Other specific learning difficulty             | <input type="checkbox"/> Attachment                    |

Educational Plans (Please Tick)

- None       SA       SA+       EHCP       EHR

(Please attach relevant documents)

Does the student have a medical condition that may affect their learning?  Yes  No

If yes, please state:

Is the student on long term medication?  Yes  No

If yes, please state:

Outside agencies involved? UTURN/CAMHS/TAMHS/YEW/YOT/Social Worker/Other  Yes  No

If yes, please state:

Exam arrangements  Reader  Scribe  Extra Time

Please attach any letters or reports with any evidence of any diagnosis (health or learning need). Please also attach details of any exam arrangements and a copy of the young person's Form 8 if they have been in school during Year 9 /10

**Please attach details of any examination arrangements, a copy of any individual learning/behaviour plan plus any other information which will help support a positive transition into Pre16.**

**School has the responsibility to provide the form 8 and support access arrangements.**

## SECTION B

(To be completed by the School Advisor)

Please comment on this application and confirm that you have offered information, advice and guidance to the applicant.

Signature  Name  Date

### SCHOOL INFORMATION TO BE ATTACHED

(Full information sharing is required upon application. Without all evidence listed we are unable to proceed)

- |   |  |
|---|--|
| <input type="checkbox"/> School attendance records (past 12 months) | <input type="checkbox"/> Pupil profile/Pen Picture (if available)                                      |
| <input type="checkbox"/> Behaviour log (past 12 months)             | <input type="checkbox"/> Safeguarding report (including Social Worker's contact details if applicable) |
| <input type="checkbox"/> SEN records                                | <input type="checkbox"/> Student's school reports for past 12 months                                   |
| <input type="checkbox"/> Form 8 (if applicable)                     |  |

## SECTION C

### FURTHER INFORMATION

(To Be Completed by Student)

We often receive too many applications for college places. To help us decide, please let us know about you. This could include your interests and hobbies, career ideas and the reason for your choice of course, subjects you are good at etc. Please complete three things **in your own handwriting** (if insufficient space here, please continue on a separate sheet of paper and staple securely to your application form)

1

2

3

I agree that the information provided with this application be used to ensure support is provided for me where appropriate and understand that it may be shared with other organisations for the purpose of administration, careers and other guidance, and statistical research

Please tick if you agree with the above sentence  Yes  No

As a Pre16 student I understand that it is not acceptable for me to smoke on the New College site, please tick here

Student Signature  Name  Date

## SECTION D

### D(i) FOR APPLICANTS NOT BORN IN UNITED KINGDOM PLEASE COMPLETE

Country of birth	<input type="text"/>	Country of domicile	<input type="text"/>	Nationality	<input type="text"/>
Passport No	<input type="text"/>	Date of Expiry	<input type="text"/>	Date of last entry to UK	<input type="text"/>

I have provided a copy of my birth certificate/passport

### D(ii) PARENTAL CONSENT

To Be Completed by Parent(s)/Carer(s)

Do you support this application?  Yes  No

Has the College/Training Provider option been explained to you?  Yes  No

Please comment if you wish:

### D(iii) AGREEMENT IS NEEDED AFTER YOU HAVE READ THE FOLLOWING IMPORTANT INFORMATION:

1. There will not be the same level of supervision at break and lunchtimes as at school. Students are requested not to leave the site during breaks, however this cannot be monitored due to an open plan campus.
2. Your child will be studying with older students and mixing with them in refectories/canteens and other shared facilities. Please be aware that some lesson content and available resources (i.e. books) may be aimed at FE students.
3. Short, supervised, walkable educational visits may take place during timetabled sessions for which we will not seek your specific permission. Further visits may be planned for which a specific request will be made. While on visits and trips, we may need to follow the advice of a medical professional and administer pain/flu relief medication. Please let us know if your child is allergic to any medication.
4. The information you provide will be used to ensure support is provided where appropriate and may be shared with other organisations for the purposes of administration, careers and other guidance and statistical and research purposes.
5. During your child's placement, photographs and/or video recordings may be taken of classroom activities and used for educational non commercial purposes or for the provider's publicity.
6. Your child's achievements may be published.

I accept all six of the above statements  Yes  No

If no, tick the statement for which you do not give consent:  1  2  3  4  5  6

Signature of Parent(s)/Carer(s):  Name  Date