Sixth Form Application 2017

Office use: Date received

Internal / External Candidate (please circle)



Please complete in black capitals.						
Personal Details						
Surname:						
Forenames:	Preferred Name:					
Date of Birth:/	_ Day/Month/Year					
Home Address:						
	Postcode:					
Home Tel No:	Student's Mobile					
Student's email Address:						
Have you been living in the UK since 1st September 2008	3 YesNo					
For Non-British passport holders, do you have a student	visa? YesNo					
Passport Number:						
What is your current country of residence?	What is your country of birth?					
Please give names (s) and address(es) of secondary school (s) attended during the last five years (with dates):						
Parents/Carers (If address if different from above, pleas	e specify)					
Contact 1: Relationship to Applicant						
Title: Surname:						
(Mr/Mrs/Miss/Ms)						
Forenames:	Daytime Tel No:					
Email:	Mobile Tel No:					
Contact 2: Relationship to Applicant						
Title: Surname:						
(Mr/Mrs/Miss/Ms)						
Forenames:	Daytime Tel No:					
Email:	Mobile Tel No:					

Social, Sporting and Employment Activities
Career and Further Education Intentions
Lagrating Company Manuals
Learning Support Needs The Crest Academy is committed to ensuring that students with disabilities, including those with learning difficulties, are treated fairly. We seek
to provide additional learning support where required. Is there any information we should have in order to provide this service? (eg dyslexia, visual or hearing impairment. Mobility difficulties, health problems). Please include the specific support you require.
Medical conditions and dietary requirements Please detail any medical conditions or dietary needs, including allergies, which we know about:
riease detail any medical conditions of detaily needs, including allergies, which we know about.
Medical practice name:
Doctor's name:
Address:
Telephone number:
Medical Consent (To be completed by Parent/Guardian)
In an emergency, it may not be possible to contact parents/carers. In such circumstances, we ask that you authorise a member of the school staff to give consent to medical treatment recommended by the medical practitioners involved in the accident or emergency. I authorise a member of The Crest Academy's staff to consent to medical treatment for my child on my behalf in an emergency.
Signed: Date:
What form of transport will you use to travel to Sixth Form?
What is your local Authority where you reside?



Examination Identity:									
External Applicants Only: - please provide the	follov	ving identity num	bers:						
Unique Learning Number (ULN)							<u>.</u>		
Unique Pupil Number (UPN)									
Unique Candidate Information (UCI)									
Note: You may need to contact your current sc	hoole	Evams Officer f	for this information						
							T		
		en (or to be ta	-				For completion by		
Would you please enter below details of exams	to be						the school		
Subject/Course/Units		Levels	Date taken		rade		Predicted Grade		
	(e.g	g. GCSE, GCE)	(or to be taken)	(if kı	now	n)			
Have you applied to any other Six If yes, please give details:	th I	Form institu	utions?	YES	/ N	0			
Institutions			Course Details						
mstructions	Course Details								
Equal Opportunities									
The Crest Academy has a policy to promote equal opportunities in reinformation is important in helping to ensure that the policy works. box. (NB The ethnic grouping used has been devised by the Departm	For this	reason, could you ple	ase indicate the ethnic group to	which you	think	you belo	ng by ticking the appropriate		
Asian or Asian British – Bangladeshi	101	Mixed – White		will flot be	useu il	any Wd	y willer is miked to your name.)		
Asian or Asian British - Indian		Mixed – White and Black African Other please sta							
Asian or Asian British - Pakistani			and Black Caribbean						
Asian or Asian British – any other Asian background		Mixed – any oth	er mixed backgrounds						
Black or Black British - African		White – British							
Black or Black British - Caribbean	k British - Caribbean White – Irish								
Black or Black British – any other Black background		White – any other White background							
Chinese	Any other								
	Not known/ no				t provided				

External Applicants Only: Reference. To be completed by the applicant's school or college. (Normally an applicant will not be considered until a reference is received.) Please also attach the applicant's latest attendance certificate.						will not be			
Personal Qualit	ties								
	Outstanding	Good	Requires Improvement	Inadequate		Outstanding	Good	Requires Improvement	Inadequate
Attendance					Relations with Adults				
Punctuality					Relation with Peers				
Initiative					Self Confidence				
Reliability					Organisation e.g. ability to meet deadlines				
Suitability for c	hosen cours	ses							
Suitable for Aca	idemic cour	ses Y	/ N Suitab	ole for Appl	ied and Technical cou	urses Y/N		School Sta	mp
If you have rese	ervations ab	out the	e suitability o	of the appli	cant, please explain t	them here:			
Signed:					Positior	n held			



Choices.	
Please read these notes carefully before completing this part of the	form.
 This form should be used for making an application for a place in the Sixth You should consult the course information booklet and seek advice from your subject teachers before making your choice. For each course you must also meet individual subject entry requirements decisions on which subjects or courses can be followed will be made in light 	our current teachers, a careers adviser and the Sixth Form published in the Course Information Booklet. Final
Proposed Course	
Please list the subject (s)/ course (s) you would like to at The Crest Academy in order and subject entrance requirements.	of preference. NB. Refer to the Course Information Bookle
Subject	Level (eg A Level, Applied Technical)
1.	
2.	
3.	
4.	
Other subjects you would like to take: Interview Dates	
Please specify if there are any dates you would be unavailable for interview:	
If admitted to the Academy I agree to read and follow the Academy Conduct Agreement.	regulations and the Sixth Form Code of
Signature of applicant	Date:
Signature of Parent/Guardian	
I support this application Please print name and address to which communications (eg reports)	_ (relationship to applicant)) should be sent:
Name (Mr and Mrs)	
Address:	
For Crest Academy's Admin use only	

Return <u>fully completed</u> Application form to: Mrs Lorna Jules, Sixth Form Admissions, The Crest Academy, Crest Road, Neasden, NW2 7SN E: <u>lorna.jules@e-act.org.uk</u>

GCSE results statements photocopied:

Date:

Additional Information:

Initials:



Conditional OfferUnconditional OfferParents SeenReference Seen

Interviewer (print name):

Date offer accepted#;



Principal: Mr. Mohsen Ojja

Crest Road Neasden London NW2 7SN

T: 0208 452 4842 **F:** 0208 452 6024

W: www.thecrestacademy.org **E:** info@thecrestacademy.org

