

Sixth Form Application Form

Office use: Date received

Internal / External Candidate (please circle)



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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 Yes ___ No ___

For Non-British passport holders, do you have a student visa? Yes ___ No ___

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, please 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: _____



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Social, Sporting and Employment Activities

Career and Further Education Intentions

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:

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 following identity numbers:**Unique Learning Number (ULN)** _____**Unique Pupil Number (UPN)** _____**Unique Candidate Information (UCI)** _____**Note:** You may need to contact your current schools Exams Officer for this information.**Examinations taken (or to be taken)**

Would you please enter below details of exams to be taken or which have already been taken.

For completion by the school

Subject/Course/Units	Levels (e.g. GCSE, GCE)	Date taken (or to be taken)	Grade (if known)	Predicted Grade

Have you applied to any other Sixth Form institutions?

YES / NO

If yes, please give details:

Institutions	Course Details

Equal Opportunities

The Crest Academy has a policy to promote equal opportunities in respect of race, sex and disability in all respects of its responsibilities and work. The use of ethnic background information is important in helping to ensure that the policy works. For this reason, could you please indicate the ethnic group to which you think you belong by ticking the appropriate box. (NB The ethnic grouping used has been devised by the Department for Education: The information given is confidential and will not be used in any way which is linked to your name.)

Asian or Asian British – Bangladeshi	Mixed – White and Asian	Other please state:
Asian or Asian British - Indian	Mixed – White and Black African	
Asian or Asian British - Pakistani	Mixed – White and Black Caribbean	
Asian or Asian British – any other Asian background	Mixed – any other mixed backgrounds	
Black or Black British - African	White – British	
Black or Black British - Caribbean	White – Irish	
Black or Black British – any other Black background	White – any other White background	
Chinese	Any other	
	Not known/ not 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.

Personal Qualities

	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				

Learning Support Needs: Please comment on any learning support needs, especially any that have not been mentioned by the applicant.

Academic Reference

Suitability for chosen courses

Suitable for Academic courses Y / N Suitable for Applied General courses Y / N

If you have reservations about the suitability of the applicant, please explain them here:

School Stamp

Signed:

Position held.....

Choices.

Please read these notes carefully before completing this part of the form.

1. This form should be used for making an application for a place in the Sixth Form.
2. You should consult the course information booklet and seek advice from your current teachers, a careers adviser and the Sixth Form subject teachers before making your choice.
3. For each course you must also meet individual subject entry requirements published in the Course Information Booklet. Final decisions on which subjects or courses can be followed will be made in light of examination results and careers aspirations.

Proposed Course

Please list the subject (s)/ course (s) you would like to at The Crest Academy in order of preference. NB. Refer to the Course Information Booklet and subject entrance requirements.

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 regulations and the Sixth Form Code of Conduct Agreement.

Signature of applicant _____ Date: _____

Signature of Parent/Guardian

I support this application _____ (relationship to applicant) _____
Please print name and address to which communications (eg reports) should be sent:

Name (Mr and Mrs) _____

Address: _____
_____ Postcode: _____

For Crest Academy's Admin use only

<input type="checkbox"/> Conditional Offer <input type="checkbox"/> Unconditional Offer <input type="checkbox"/> Parents Seen <input type="checkbox"/> Reference Seen	<i>Additional Information:</i>	
Interviewer (print name):	GCSE results statements photocopied: Initials: Date:	Date offer accepted#; /...../.....

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



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