



Application Form

<u>Deadline: 5th January</u>

Please complete all parts of this form in black ink using BLOCK CAPITALS. Please email this completed form to joshwain@spireitestrust.org.uk.

Family Name		First name					
Date of Birth		Male		Fen	nale		
Permanent Home Address	S						
Post Code							
Mobile Telephone Number		Evening Telephone Number					
Have you lived in the UK or other European Union Country for the whole of the last 3 years?				t Yes		No	

<u>Provisional</u> Option Blocks for 2021 Entry: You are expected to choose three subjects or three subjects plus Core Maths or EPQ. Please indicate which subject is your 1st choice, 2nd choice and 3rd choice.

<u>CFC Partnership:</u> If you would like to choose A-levels alongside sport you may choose these from Block B and D. For all other CFC applicants please select 'Sport Adv. Dip.' In Block C.

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E	BLOCK E		
Further Maths	English Lang	Sociology	Psychology	EPQ			
Biology	Mathematics	Chemistry	Physics	Core Maths			
English Language and Literature	History	Geography	Law	Resit English			
German	Photography	Computer Science	*Drama BTEC	Resit Maths			
Government and Politics	Biology	Health & Social Care (BTEC)	Spanish				
	Psychology	Psychology Art					
	Business (BTEC)	Sport BTEC	Sport Adv. Dip. (CFC)				
	Music (BTEC)						

*Please note due to the crossover of modules you cannot choose both dance and drama.

Why are you interested in these courses? Please give any further information that may support your application including leisure interests and career aim							
Please give the name and ad	dress of the last school you atte	nded (or are atte	nding)				
			Post Code				
Percentage attendance since September 2019							
Qualifications already achiev	ved (e.g. GCSE, ECDL etc.)						
AWARDING BODY	EXAMINATION SUBJECT	LEVEL	YEAR	GRADE			

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Examinations to be taken										
AWARDING BODY	EXAMINATION SUBJECT			LEVEL	DATE TO BE TA		BE TAKEN	PREDIC GRA		
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Our Sixth Form is collearning that we need									iny barriers	to your
Deaf or hearing impairment			Reading/writing difficulties			Dyslexia, dyscalculia				
Visual impairment Other learning			or p	hysical disab	ility – _ا	oleas	e specify be	elow		
Do you require any special arrangemen please specify below.			ents for your inte	erview? If yes Yes				No		
Do you have any medical condition that may affect your					hoices?	Yes			No	
How did you hear about the Centre? Please tick all of the boxes that apply.										
Friend/Relative			Careers Inc / F	utur	utures Launch Event		nch Event			
Sixth Form Options	Evening		Employer			Academy Leaflet/Pro		et/Prospecti	us	
Through School Ne		Newspaper Ac	dvert or Article			Outwood Academy Newbold website		ld		

I declare the information given in this form is correct. The information on this form is covered by the Data Protection Act and may be used for statistical purposes. It will not be passed onto any third parties.

Signed	Date					
Signature of Parent/Carer (if under 18 on 1st September 2021).						
Signed	Date					
Name (please print)						
Address (if different from that given above)						
FOR OFFICE USE ONLY						
Date Application Received						
Interview Date Interviewer						
Comments						