



# South Nottinghamshire Academy Sixth Form Application Form

Personal Details	Unique Learner Number (ULN)
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Surname	First Name	Middle Name
Address to which correspondence should be sent:		Contact Numbers
		Home:
		Mobile:
		Email:
Postcode		

**Additional Needs/Extra Support:** The Academy values all students and acknowledges differences and will support all learners. Therefore please answer the following giving as much detail as possible.

Do you have any specific health/medical conditions we need to know about? (Please tick) Yes  No   
 (Please use the space below for details)

Do you need support or is your condition self-managed? (Please tick) Self-managed  Supported

Do you have any an additional learning need which will require extra support e.g. Dyslexia? (Please tick) Yes  No

Have you been identified/supported by your school for a particular need? (Please tick) Yes  No

Please give details of learning need, and name and contact number of person who has supported you.

**Course Details – please complete only one option choice below**

Option 1 – List below the 3 subjects in order of preference which you are likely to study at A2; add your additional AS choice which may be continued if you wish.

Choice	Subject:	AS	A2	Full Time Vocational Programme:
1 <sup>st</sup>		AS	A2	
2 <sup>nd</sup>		AS	A2	
3 <sup>rd</sup>		AS	A2	
4 <sup>th</sup>		AS	--	

**Guidance:** If you are unsure as to which course to study and would like to speak to a Careers Advisor please tick here

For some courses and careers, students may need to complete a Criminal Record Bureau check. Therefore please ensure you answer the following question to avoid any delays with your application.

.Have you ever been convicted of a criminal offence or cautioned by the Police? (Please tick) Yes  No

## Examination Details

Subjects currently being studied	Type of qualification: e.g. GCSE, BTEC	Year of exam or completed	Predicted or achieved grades

## School details (to be completed by external candidates only)

Please list the name, address and telephone number of your current school as we will be requesting a reference.

School:	Name of teacher supplying reference:	Position:	Contact number:
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## Ethnic Monitoring – How would you describe your ethnic origin?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Asian/Asian British Bangladeshi | <input type="checkbox"/> Black/African   | <input type="checkbox"/> Mixed White and Asian         | <input type="checkbox"/> White                      |
| <input type="checkbox"/> Asian/Asian British Indian      | <input type="checkbox"/> Black/Caribbean | <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> White Irish                |
| <input type="checkbox"/> Asian/Asian British Pakistani   | <input type="checkbox"/> Black/other     | <input type="checkbox"/> Other                         | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Asian/other                     | <input type="checkbox"/> Chinese         | <input type="checkbox"/> Any other mixed background    | <input type="checkbox"/> Not known/not provided     |

## Publicity material – How did you find out about the Academy Sixth Form?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Friend/relative      | <input type="checkbox"/> Career Office/Connexions |
| <input type="checkbox"/> Web site address direct | <input type="checkbox"/> School Advisor/tutor | <input type="checkbox"/> Public Library           |
| <input type="checkbox"/> Telephone directory     | <input type="checkbox"/> School Event         | <input type="checkbox"/> Any other                |

## Signatures

Signature of student	Date	Name of Parent/Guardian/Carer
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Please return your completed application form to South Nottinghamshire Academy, Glebe Lane, Radcliffe on Trent, Nottingham, NG12 2FQ