

BRANSTON COMMUNITY ACADEMY

APPLICATION FOR SIXTH FORM SEPTEMBER 2018

**Please complete fully in black ink and return to
Mrs Turner, Vice-Principal by Friday 17th November 2017**

Please include a photocopy of your latest school report with your application

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS:	Home Tel. No:
e-mail address:	Student Mobile No:

CURRENT SCHOOL ADDRESS:

GCSE SUBJECTS	LEVEL: GCSE, BTEC, LEVEL 2	ESTIMATED/ACTUAL GRADES

Career intentions:

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Please explain briefly why you would like to join Branston Sixth Form:

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PROPOSED SIXTH FORM COURSES

A TWO YEAR ADVANCED COURSES

After referring to the list of subjects available indicate below your choices, placing them IN RANK ORDER. All students should choose **4** subjects, as far as possible.

NB: General Studies does not need to be included because wherever possible it is part of core studies for full time students.

SUBJECTS (<i>In Rank Order</i>)	
1	3
2	4

B ONE YEAR BTEC/OCR NATIONAL COURSES – GCSE LEVEL COURSES

	TICK
Level 2 BTEC Extended Certificate in Business	
BTEC Level 2 First Certificate in Health and Social Care	
BTEC First Certificate in Travel and Tourism	
BTEC Level 2 First Award in Health and Social Care	

B TWO YEAR COURSE – GCSE LEVEL COURSE

	TICK
BTEC Level 2 Technicals Children’s Play, Learning and Development	

C ONE YEAR BTEC/OCR NATIONAL COURSES – GCSE LEVEL COURSES

	TICK
BTEC First Certificate in Travel and Tourism	
BTEC Level 2 First Certificate in Health and Social Care	
BTEC Level 2 First Award in Health and Social Care	

NB: GCSE English and Mathematics courses will be included for those students who have not gained a 4 or above.

REFEREES: Please include two referees from your current school, preferably your form tutor and, where possible a teacher related to at least one of your sixth form courses.

Name: _____	Name: _____
Position or Title: _____	Position or Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
_____ Post Code _____	_____ Post Code _____

Please tick if any of the following apply to you:

Looked After Child Entitled to Free School Meals Service Child

Please include a photocopy of your latest school report with your application.

APPLICANT’S SIGNATURE: _____ **DATE** _____

PARENT’S APPROVAL: I approve of my son/daughter entering the Sixth Form for 1 – 2 years.

Signed: _____ Date: _____
Parent/Guardian

NB: If at any time after submitting your application you wish to review or change your options it is essential that you contact Mrs Turner immediately.