**Sigma Sixth – Sixth Form Application Form**

**September 2020 Entry**

**If you need help to fill in this application form, or you have a query please either contact your school tutor or Sigma Sixth on 01255 424266. Alternatively, you may email admin@cchs.school**

# Applicant to complete Personal Details (please use BLOCK CAPITALS)

|  |  |
| --- | --- |
| Forenames: |  |
| Surname: |  |
| Any Previous Surname: |  |
| Date of Birth: |  |
| Address including Postcode: |  |
| Telephone Number: |  |
| Email: |  |
| Current or most recent school/college: |  |
| Date of leaving: |  |

# Residency and Nationality Details

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What is your nationality? Is English your first language? YES ☐ NO ☐ Country of residence for the last 3 years?

# Health and Learning Support

Please specify your learning support needs or advise us of any medical conditions, health problems or disabilities.

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# Work Experience/Employment Details

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| --- | --- | --- | --- |
| Employer’s name, address and telephone details:- | |  | |
| Employed from: |  | To: |  |

**Parental Background** *(This information is required for some types of university funding.)*

Have either of your parents been to university and completed a degree/HND/C/Professional Qualification? YES ☐ NO ☐

# Equal Opportunities (tick as applicable)

|  |  |  |
| --- | --- | --- |
| ☐ White | ☐ English/Welsh/Scottish/Northern Irish/British | ☐ Irish |
| ☐ Gypsy or Irish Traveller | ☐ Any other white background | ☐ Asian/Asian British |
| ☐ Indian | ☐ Pakistani | ☐ Bangladeshi |
| ☐ Chinese | ☐ Any other Asian background | ☐ Mixed/Multiple ethnic groups |
| ☐ White and Black Caribbean | ☐ White and Black African | ☐ White and Asian |
| ☐ African | ☐ Black/African/Caribbean/Black British | ☐ Caribbean |
| ☐ Other Ethnic group | ☐ Any other Black/African/Caribbean background | ☐ Any other Ethnic group |
| ☐ Arab | ☐ Any other Mixed/multiple ethnic background |  |
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**Courses you wish to apply for:**

**Course Titles:**

# Student Declaration

The information given on this application form is correct to the best of my knowledge. I agree to Sigma Sixth members processing personal and sensitive data collected on this form, or other data which they may obtain from me, or other relevant people during the application process. I agree to the processing of such for any purposes connected with my application and studies, or my health and safety whilst on any premises within Sigma Sixth, or for any other legitimate reason. I authorise Sigma Sixth members to obtain Pre-Admission References and to liaise with Careers Advisors if required.

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| **Applicant Signature:** |  | **Date :** |
| **Mentor/Tutor/Parent/Guardian Signature:** |  | **Date:** |

# Sigma Sixth – Sixth Form Pre-Admission Reference

Dear Head Teacher, Head of Year or Referee,

As part of Sigma Sixth 6th Form’s admission procedure, applications for full-time further education courses **MUST** be accompanied by a reference when they are submitted. Would you therefore please complete all sections of the form below as fully as possible. Also **please enclose a copy of any SEN Statement or any exam concession report,** authorised by the applicant. Thank you in advance for your cooperation.

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| **Full Name of Applicant:** |  |
| **Unique Learner/Pupil Number (ULN/UPN)** |  |
| **UCI** |  |

**Qualifications:**

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| --- | --- | --- | --- | --- | --- |
| **Subjects** | **Level** | **Awarding Body** | **Result Grade** | **Predicted Grade** | **Year taken/ To be Taken** |
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## LEARNING SUPPORT INFORMATION

Is this applicant likely to require additional support with their course choice or need **extra time for exams?** If so please give as much information as possible (School Action/Action Plus/Statement/Emotional or Behaviour Difficulties/Health Issues, etc)

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## ATTENDANCE AND PUNCTUALITY PROFILE

Does this applicant have a good time keeping and attendance record? (If their attendance is poor due to illness or some other specific problem, please specify)

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**BRIEF CHARACTER REFERENCE** (include any fixed term exclusions, attitude to studies and working relationships with staff)

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**Please enter Attendance % for Year 11:**

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| --- | --- | --- |
| **Name of School/College:** |  | |
| **Tutor/Referee’s name and title, contact number and email address.** |  | |
| |  | | --- | | **Please return this form to:-**  Sigma Sixth - Sixth Form,  Walton Road, Clacton-on-Sea, Essex CO15 6DZ | | | |  | |