



PERSONAL DETAILS	
SURNAME:	DATE OF BIRTH:
FORENAMES:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME ADDRESS:	TELEPHONE NO:
	MOBILE NO:
	EMAIL ADDRESS:
	CURRENT SCHOOL/FORM CLASS:
PARENT/GUARDIAN	
PARENT/GUARDIAN FULL NAME:	EMMERGENCY CONTACT NAME (In case of illness/accident)
ADDRESS: (If different from student)	HOME TELEPHONE NUMBER:
	MOBILE TELEPHONE NUMBER:
	YOUR PARENT/GUARDIAN'S SIGNATURE:
COURSE YOU WANT TO STUDY	
Subject	PLEASE WRITE IN SUBJECTS AND THE TYPE OF COURSE (You will find full details of all courses in the prospectus) Level (A Level/Btec)

EXAMINATIONSSUBJECTS EITHER CURRENTLY STUDYING OR
ALREADY TAKEN

SUBJECT	LEVEL GCSE/BTEC	DATE OF RESULTS	ESTIMATED/ ACHIEVED GRADE

ADDITIONAL SUPPORT

We want to ensure that all students receive any support they may need. Please answer the following questions; (please give brief details)

DO YOU RECEIVE ANY ADDITIONAL SUPPORT AT SCHOOL? YES NO

This information will be shared with a member of the support team who will discuss how best we can meet your needs at Trinity Sixth Form.

SUPPORTING STATEMENT

Why do you wish to join Trinity Sixth Form?

Why do you wish to study your chosen subjects?

What are your career aims?

What part time work, work experience and school responsibilities do you have?

REFERENCE	TO THE REFEREE: PLEASE COMPLETE THE REFERENCE SECTION AND FORWARD TO MS O TATTUM			
PLEASE TICK THE MOST APPROPRIATE BOXES	EXCELLENT	GOOD	ADEQUATE	POOR
ATTENDANCE (% IF POSSIBLE)				
PUNCTUALITY (% IF POSSIBLE)				
MOTIVATION				
SELF-DISCIPLINE				
RELATIONSHIP WITH STAFF				
RELATIONSHIP WITH STUDENTS				
<p>HAS THIS STUDENT BEEN REFERRED FOR SERIOUS MISCONDUCT DURING YEAR 10/11?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so please comment.</p>				
<p>HAS THIS STUDENT RECEIVED LEARNING SUPPORT?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so please comment.</p>				
<p>DOES THIS STUDENT HAVE ANY ACCESS OR HEALTHCARE NEEDS?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so please comment.</p>				
<p>IS THIS STUDENT APPLYING FOR A COURSE APPROPRIATE TO THEIR ABILITIES?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please add any addition comments about personal qualities or extra-curricular activities if appropriate.</p>				

ANY FURTHER COMMENT:

NAME

SIGNATURE

POSITION

DATE

TRACKING

Form received

Acceptance Letter

Interview 1

Offer letter

Interview 2
(options)

Date: / /

Date: / /

Date: / /

Date: / /

Date: / /

OFFER

Unconditional:

Conditional on:

No Offer:



Trinity Church of England High School, Higher Cambridge Street, Manchester, M15 6HP

Tel: 0161 212 1900 email: sixthform@trinityhigh.com twitter: @TrinityHigh6th