

Proposed Year of Entry:

## STUDENT APPLICATION FORM

### Personal Details:

Surname: <input type="text"/>	Home Address: <input type="text"/>
First Name(s): <input type="text"/>	<input type="text"/>
Gender: <input type="text"/> DOB: <input type="text"/> Age: <input type="text"/>	Postcode: <input type="text"/>
Present School: <input type="text"/>	Email: <input type="text"/>
Parent(s)/Guardian(s) Names: <input type="text"/>	Telephone: <input type="text"/>
<input type="text"/>	Mobile: <input type="text"/>

**Educational Background:** Current GCSEs – Please state all of the GCSE subjects you are studying below. Please also indicate your predicted/target grade and the grade you are currently working at.

Subject	Predicted grade	Current grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other qualifications:** Please state any other subjects that you are currently working towards below, with both your predicted and current/working at grade.

Subject	Predicted grade	Current grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Proposed study programme:** Please indicate which courses you would like to study with us:

Subjects

What are your interests?

Student support details: Do you have any special educational needs? If so, please give details below:

Do you consider yourself to be a person with a disability (i.e. someone who has a physical or mental impairment, which has a substantial and long term adverse effect on your ability to carry out normal day to day activities)? Y  N

If yes, please give details:

Do you currently receive help or support with examinations at your present school?

Reader  Scribe  Extra Time  Other (please specify)

Do you have any health issues or allergies that we need to be aware of?

Do you currently receive Free School Meals?

Y  N

Have you ever received Free School Meals in the last 6 years?

Y  N

Are you in Local Authority care?

Y  N

Are you a young carer?

Y  N

Is Durham Sixth Form Centre your first choice for further education?

Y  N

If no, which institution do you consider to be your first choice?

Next Steps: What do you plan to do after leaving Durham Sixth Form Centre?

University/Higher Education  Apprenticeship  Employment  Other (please specify)

Have either of your parents/guardians or older siblings studied at university? Y  N

What are your career intentions?

How/where did you hear about Durham Sixth Form Centre?

Please complete this form and return it to:

Student Recruitment, Durham Sixth Form Centre, Providence Row, The Sands, Durham, DH11SG or email it to: [recruitment@durhamsixthformcentre.org.uk](mailto:recruitment@durhamsixthformcentre.org.uk).

For news/updates and events:

Follow us on Twitter @DSFCOfficial or Like us on Facebook /DSFCOfficial

We are keen to keep you updated about life here at DSFC. Please tick here to opt in to receive regular updates.

By completing this application form, you consent to DSFC adding your details onto a database which will be used for the purpose of enrolment.

Signature:

Date:

Please note, you can withdraw your consent at any time by contacting us.

For Office Use Only:

Interviewer:  Date:  Time:

Interviewer (alt):  Date (alt):  Time (alt):

MA:  S: