



Haddon Training

Guide to Pre 16 Application Forms

- Please ensure that all sections relevant to the student are completed in full, and where possible, in their own handwriting and in black ink.
- Prior to returning the completed application form, please note that the following sections must be **signed**, authorising the student's application:

Section A, to be completed, signed and stamped by the school currently attended. This indicates support of the application and, upon acceptance by the placement provider, agreement to pay the appropriate fee.

Section B, to be completed by a Connexions Personal Adviser for applications for full time courses, or where courses will involve a significant reduction of the GCSE Programme. Comments from other agencies, e.g. Education Welfare are welcome.

Section C, to be completed and signed by the student.

Section D, to be completed and signed by the parent/guardian authorising their child's application and giving consent to the placement.

Please note that an application submitted to the Partnership at this point does not guarantee a place until an interview has taken place and written confirmation has been received from placement provider.

Once the application form has been completed in full, please return it to the address given below:

Alana Possolo
14-16 Year old Co-ordinator
Haddon Training Limited
4, Pelhams Court
London Road
Marlborough
Wiltshire SN8 2AG
Tel. 01672 519977

Application for Pre-16 Courses

Please complete in block capitals and black ink

TO BE COMPLETED BY THE SCHOOL

SECTION A

Ai) Personal Details

Surname:

Date of Birth: Year Group Year 10 Year 11 Gender: M F

Forenames: If applicable, previous surname:

Address:

.....

..... Postcode: Home Tel:

Student Mobile Tel: Parent's Mobile Tel:

Course Details

Please state course title(s) or subject area(s) applied for:
(if applying for a carousel taster course, please state preferred options)

Choice 1 title:

Choice 2 title:

Education Details

From age 11 (*schools*)

Give names and towns of schools in date order

School	From		To	
	Month	Year	Month	Year

SATS

Give details of Key Stage 3 test results, actual or predicted (or CAT scores where no SAT's are available.)

Key Stage 3 Tests Results								
	Predicted	Actual		Predicted	Actual		Predicted	Actual
English			Maths			Science		

Equal Opportunities Monitoring

The College/Training Provider is committed to a policy of providing equal opportunities for all. We ask you to help us in operating this policy by completing the information below. Any information will be treated in the strictest confidence. Please tick the box for the ethnic group to which you consider you belong.

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black Other	<input type="checkbox"/>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Asian	<input type="checkbox"/>
<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> Refugee	<input type="checkbox"/> White British	<input type="checkbox"/> White Other	<input type="checkbox"/>
<input type="checkbox"/> Mixed White & Asian	<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White & Black Caribbean		<input type="checkbox"/>

Aii) To be completed by the School (This section is COMPULSORY)

STUDENT NAME: _____

Give brief reasons for the proposal that the student attends an Out of School learning programme:

.....

.....

.....

To be filled in if appropriate

Increasing disaffection shown by:							
	Often	Sometimes	Never		Often	Sometimes	Never
Disruption				Truancy			
Poor relationship with Staff				Bullying			
Poor relationship with Peers				Victim			

Fixed term exclusions, number of days in Year 9

Percentage attendance over the last 12 months:

Please tick appropriate box to indicate choice of attendance pattern: FULL TIME PART TIME INFILL DISCRETE

If the pupil is applying for a course which is offered at more than one provider please indicate preference:

Swindon College New College

Name of School Contact person:.....

Signature of Head Teacher:

School Stamp:

Aiii) Special Needs – To be completed by the School (This section is COMPULSORY)

It is essential that the College/Training Provider is aware of any conditions which might affect learning or health and safety. If any of the following apply, please tick the box. This information is confidential and will only be shared with appropriate staff.

Hearing impairment	Temporary disability after accident/illness	Dyslexia	
Visual impairment	Emotional / Behavioural difficulties	Disability affecting mobility	
Mental health issues	ADHD	Dyscalculia	
Moderate learning difficulties	Other specific learning difficulty	Young Person at Risk	
Severe learning difficulties	No disability or learning difficulty	Being cared for outside the family home	
		Other	

SEN (Please Tick) NONE SA SA+ STATEMENT
 (Please attach IEP, Support plan, Statement etc)

Does the student have a medical condition that may affect their learning? YES NO

.....
 If yes, please state:

Is the student on long term medication? YES NO

.....
 If yes, please state:

Outside agencies involves? (Eg YOT) YES NO

If yes, please list:

Please attach details of any special examination arrangements, a copy of any individual learning/behaviour plan plus any other information you would like to share.

SECTION B To be completed by a Connexions Personal Adviser/Other Agencies

STUDENT NAME: _____

Please comment on this application and confirm that you have offered information, advice and guidance to the applicant. Please attach a copy of the latest Action Plan.

.....
.....
.....
.....

Signature: Date:

Name:

**SECTION C
Further information - To be completed by the Student**

We often receive too many applications for college places. To help us decide, please let us know about you. This could include your interests and hobbies, career ideas and the reason for your choice of course, subjects you are good at etc. Please complete three things in your **own handwriting**.
(if insufficient space here, please continue on a separate sheet of paper and staple securely to your application form)

1,

.....
.....

2,

.....
.....

3,

.....
.....

I agree for the information provided with this application to be used to ensure support is provided for me where appropriate and understand that it may be shared with other organisations for the purposes of administration, careers and other guidance, and statistical and research purposes.

Please tick if you agree with the above sentence. YES NO

Mobile Number Email address

If you would like to receive information by text SMS, please tick here

If you would like to receive information by email, please tick here

Signature of Student: Date:

.....

Employment

Enter previous and present part time/Saturday employment in date order

Employers' names and addresses	From	To

Section D i) Contacts - To be completed by Parent(s)/Guardian(s)

STUDENT NAME: _____

Please give your NAME and **EMERGENCY TELEPHONE** number (and address if different from details given on first page) and a second emergency contact:

Name & Address of Contact 1

.....

.....

Tel: Relationship:

If you would like to receive contact by **EMAIL**, please write your address here

Name & Address of Contact 2

.....

.....

Tel: Relationship:

If you would like to receive contact by **EMAIL**, please write your address here

Section D ii) For Applicants not born in United Kingdom please complete:

Country of Birth: Country of domicile: Nationality:

Passport Number: Date of Expiry: Date of last entry to UK:

Section D iii) Parental Consent - To be completed by Parent(s)/Guardian(s)

Do you support this application? YES NO

Has the College/Training Provider option been explained to you? YES NO

Please comment if you wish:

Please read the following important information:

- A Colleges and Training Providers mostly provide education for over sixteens. There will not be the same level of supervision at break and lunchtimes. The College is unable to prevent students from going off-site.
- B Your child might be studying with young to mature adults and may be mixing with the 16 plus age group in the refectory and other shared facilities.
- C Your child may be travelling unaccompanied to and from their placement. No responsibility can be taken for these independent travel arrangements. However, we expect the students to show a mature attitude when in transit.
- D Short, supervised, walkable educational visits may take place during timetabled sessions. Further visits may be planned for which a specific request will be made.
- E The information you provide will be used to ensure support is provided where appropriate and may be shared with other organisations for the purposes of administration, careers and other guidance, and statistical and research purposes .
- F During your child's placement, photographs and/or video recordings may be taken of classroom activities and used for educational non-commercial purposes or for College publicity.
- G Your child's achievement may be published.

I accept all seven of the above statements: Yes No

If no, tick the statement for which you do not give consent: A B C D E F G

Signature of Parent(s)/Guardian(s): Date:.....