



Application Form for Djanogly College 2017–2018

[PLEASE COMPLETE IN BLUE OR BLACK INK]

Personal Details

Forename:

Surname:

Date of Birth:

Tutor group

Home Phone:

Mobile:

School Email:

Personal Email:

Home Address:

Postcode:

Parent/Carer Details

Full Name:

Name:

Contact Number:

Relationship:

Home Address:

(If different from above)

Postcode:

Home Number:

Mobile:

Guidance Details

What guidance have you sought about your options? Tick all that apply:

- | | | | |
|---------------------|--------------------------|-------------------------------|--------------------------|
| Careers interview | <input type="checkbox"/> | Spoken to teachers | <input type="checkbox"/> |
| Spoken to relatives | <input type="checkbox"/> | Been to Djanogly Open Evening | <input type="checkbox"/> |
| Other open evenings | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If you have ticked 'Other Open Evenings' or 'Other', please give details below:

Subject Choices

Subject 1:	<input type="text"/>	Back-up 1:	<input type="text"/>
Subject 2:	<input type="text"/>	Back-up 2:	<input type="text"/>
Subject 3:	<input type="text"/>		
Subject 4:	<input type="text"/>		

Why do you wish to study these options?

About Yourself

What personal qualities and skills do you have which would allow you to succeed at Djanogly College?

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

Application Checklist

Before you hand the form in, make sure that you have verified the following:

- | | |
|--|--------------------------|
| All student details are complete and up to date | <input type="checkbox"/> |
| Your parent/carer and emergency contact details are complete and up to date | <input type="checkbox"/> |
| The form is signed by your parent/carer | <input type="checkbox"/> |
| You have chosen the correct courses having considered all of the advice on offer | <input type="checkbox"/> |
| You have your reference completed and signed by your form tutor | <input type="checkbox"/> |
| You have provided full details of your skills, qualities and experiences | <input type="checkbox"/> |
| You have signed and dated the form | <input type="checkbox"/> |

Statement of Application

Please read the following statements carefully:

I wish to apply to Djanogly College and by doing so agree to the rules and regulations of the College as set out in the Djanogly College Policy Document.

I certify that the information given is correct to the best of my knowledge.

I agree to follow the Djanogly College e-learning policy.

The College uses a 'Swipe-Card' entry system and needs to take your photograph to do this. In accordance with the Data Protection Act 1998, we need your permission to do this. By signing this form, you and your parents/carers agree to the use of your photograph on publicity materials by the College.

Please tick this box should you wish for your image **not to be used** for publicity

Applicant Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Please hand this form in to your tutor for them to complete their reference. They will then pass the completed form to the College.

You will then be invited to an interview by a member of the Djanogly College staff. If successful, you will receive a written offer of a place early on in 2017. You will then be invited to attend subject information sessions for the subjects you wish to take in September.

Current Grades

Please use the latest PC data to complete the following:

Subject	GCSE / BTEC	Grade	Achieved?
English Language			
English Literature			
Mathematics			

Suitability

Are the student's choices appropriate for their ability? (Please tick) Yes No

Further Comments:

Attributes

Please use your latest data from SIMS to complete the following:

	Excellent (98%)	Good (95%)	Average (92%)	Below Average (88%)	Poor (Under 85%)
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comment

Please detail any other relevant information (including behavioural issues) here:

Signature: _____

Name: _____

Date: _____