

Manchester Enterprise Academy

Sixth Form Application Form 2018-19



PLEASE USE A BLACK PEN AND WRITE CLEARLY IN BLOCK CAPITALS.

Section 1 – Personal Details

Surname:	Address:
Forename:	
Home Telephone:	Postcode:
Student mobile:	Parent/Carer mobile:
Nationality:	Date of birth:
Student Email:	Male or Female:

Section 2 - Your Choices

Please select the pathway you would like to apply for:

Level 3 Qualifications						
Professional Qualification Please select the qualification pathway that you would like to apply for:						
<table border="1"><tr><td><input type="checkbox"/></td><td>Health & Social Care</td></tr><tr><td><input type="checkbox"/></td><td>Sport</td></tr><tr><td><input type="checkbox"/></td><td>Business Marketing</td></tr></table>	<input type="checkbox"/>	Health & Social Care	<input type="checkbox"/>	Sport	<input type="checkbox"/>	Business Marketing
<input type="checkbox"/>	Health & Social Care					
<input type="checkbox"/>	Sport					
<input type="checkbox"/>	Business Marketing					
All students study Level 3 Enterprise and Entrepreneurship alongside their major qualification.						
GCSE English and / or Maths is compulsory if you do not achieve a 4 or above in Year 11.						

If you are applying to other colleges, please list these below including MEA Sixth Form:

1st Choice	
2nd Choice	
3rd Choice	

Section 3 - Your Education

Secondary Schools

Name: _____ Date from: _____ Date to: _____

1. / /

2. / /

3. / /

Section 4 - Qualifications

Subject	Qualification (GCSE/BTEC etc)	Grade (Result/Predicted)

Section 5 – Your Support

MEA Sixth Form is committed to ensuring that disabled people, including those with learning difficulties, are treated fairly. In order to ensure that appropriate support can be offered by the college, we would be grateful if you could answer the following question.

Do you have a disability, learning difficulty or medical condition? Yes No

If yes, please give details below:

Visual Impairment	Moderate Learning Difficulty	Other Physical Difficulty
Hearing Impairment	Severe Learning Difficulty	Other Learning Difficulty
Disability affecting mobility	Dyslexia	Other Medical Condition
Profound complex difficulties	Dyscalculia	Temporary Disability after illness
Social/Emotional difficulties	Autism Spectrum Disorder	Other Disability
Mental Health Difficulty	Asperger Syndrome	Prefer not to say

If you have ticked one of the boxes above please give full details of your disability/learning difficulty or medical condition:

Section 6 – Career Interests

Please provide details of any career interests that you have:

Section 7 – Areas of Interest

Please select any of the below activities that you would like to participate in:

Mentoring <input type="checkbox"/>	Literacy/Numeracy Support with younger students <input type="checkbox"/>	Sports Coaching <input type="checkbox"/>
Business/Enterprise projects <input type="checkbox"/>	Paid break duties <input type="checkbox"/>	Community projects <input type="checkbox"/>
Teaching Support <input type="checkbox"/>	Work Experience <input type="checkbox"/>	Hair and Beauty <input type="checkbox"/>
Any other area of interest which you have:		

Section 8 - Residency

If you were NOT born in the UK or EU please indicate your current residential status in the UK:

British/EU Citizen Asylum Seeker Refugee Indefinite leave to remain

Section 9 - Emergency Contact/Next of Kin details

Title:		Surname:	
Relationship of above person to you:			
Phone number for emergency contact:			
Email Address:			
Address if different to yours:			

Section 10 - Ethnicity

MEA Sixth Form is required by the funding bodies to return the ethnic origin for each student as part of the Individual Learner Record return. The information will be used as statistical data only and will be treated in confidence. Please tick the appropriate box below:

English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Gypsy or Irish Traveller <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black/African/Caribbean <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Any other mixed/multiple ethnic background <input type="checkbox"/>	Chinese <input type="checkbox"/>	Arab <input type="checkbox"/>
		Any other Asian <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>

Section 11 - Declaration

MEA Sixth Form collects information for all students, their parents/carers and staff for various administrative, academic, and health and safety reasons. Because of the General Data Protection Regulation and the Data Protection Act 2018, we need your consent before we can do this. Since we cannot operate the College's admissions procedure effectively without processing information about you, we need you to sign the following consent to process clause. If you require any further information about this, please contact the Sixth Form team.

I agree to MEA Sixth Form processing personal data contained in this form or other data which the College may obtain from me or other people whilst I am a student at the College. I agree to the processing of such data for any purposes connected with me or my studies or my health and safety whilst on the premises or for any other legitimate reason. I agree that the information on this application form is true and correct.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT

Print Name: _____

Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Email: s.thornton@meacad.org.uk

The following section is to be completed by your school

Please enter information below:

	% if known	Excellent	Good	Fair	Poor
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"/>
Conduct:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you agree with the estimated grades that have been entered in the qualifications section: Yes: No:

Please provide any additional information that you feel will impact this application:

Name of referee:		Job Title:	
Signature:		Date:	