



Year 12 Enrolment Form 2018.19

HAND IN THIS FORM BEFORE YOU LEAVE

Students to only complete sections highlighted yellow

Student Name:

Please indicate which type of applicant you are:

- Year 11 Internal Applicant
 - Year 11 External Applicant
 - Year 12 Resit Applicant Reason for applying to re-sit the year:
-
-

Section A – Guided Learning hours summary

1. QUALIFICATIONS CHOSEN

Option 1	QAN		Title	Hours	
Option 2	QAN		Title	Hours	
Option 3	QAN		Title	Hours	
Option 4	QAN		Title	Hours	
Option 5	QAN		Title	Hours	
Total Qualification Hours					

2. NON QUALIFICATION HOURS

Please indicate the approximate number of hours agreed for each non qualification. The final non-qualification hours agreement will be confirmed in October.

Guidance lesson	39	Volunteering	
Supervised study		Leadership program	
Work Experience		Duke of Edinburgh	
Mentoring			

TOTAL HOURS

Band 4 – 450 – 439 hours (18yo 450-539 hours) Band 5 - 540 hours plus

Declaration – Please sign ONCE you have completed all yellow sections of the form

I agree to adhere to Outwood Newbold Sixth Form Code of Conduct including Dress Code, Internet Use, Attendance and Punctuality. I understand that I must attend all agreed sessions discussed in Section A of the enrolment form.

Signed Student: **Date:**

Signed Parent/Carer: **Date:**

Section B

GCSE RESULTS AND SIXTH FORM COURSE OPTIONS

1. GCSE ENGLISH AND MATHS STATUS

- a. English Pass at Grade 4 or above Yes No
- b. Mathematics Pass at Grade 4 or above Yes No
- c. Do you need to resit English and/or Maths to achieve a grade 5 or above standard?
(Particularly important if wanting to go into nursing and/or teaching) Yes No

The conditions of the funding agreement that Outwood Newbold has with the funding body require all learners, who either answer or cannot provide evidence of their pass, to enrol for either or both English and Maths as appropriate.

The offer of a place on a study programme is therefore conditional on you fulfilling these obligations with regard to English and Maths.

1. GCSE RESULTS

Total number of GCSEs
at Grade 4-9 (or grades A*-C) =

Total number of
GCSEs at Grade 6-9 (or
grades A*-B)

2. PERFORMANCE IN SUBJECTS (Please complete & include qualifications sat in year 10)

Subject	Qualification (GCSE/BTEC)	Actual Grade
English Language	GCSE	
Maths	GCSE	

Block A	Block B	Block C	Block D	Block E
BTEC Acting Sociology Chemistry Geography	Psychology BTEC Business Physics Law	English Language Mathematics History BTEC H&S Care BTEC Sport	Art OR Photography English Literature Biology German BTEC Dance	Core Mathematics EPQ Resit GCSE Maths Resit GCSE English

3. A-LEVEL CHOICES

Block	Block A	Block B	Block C	Block D	Block E
Students to only complete subject & level boxes below					
Subject					
NOT TO BE COMPLETED BY STUDENTS Subject Leader to complete the below boxes during September enrolment					
Support Interview required? Yes or NO? (Include date & time)					
Subject leader Signature to accept student onto course					
Comments from Subject leader					
Choices confirmed by:					

Other relevant notes:

Section C – Student Data Collection

1. STUDENT DETAILS

First Name:		Surname:	
DoB: (DD-MM-YYYY)		Gender:	
If you attended the Yr11 taster days in July, please put your gmail address you created for school use. If you didn't please ensure you set up an account ASAP			
School email address:	_____oan6th@gmail.com		

2. FAMILY DETAILS – PLEASE COMPLETE IF YOU ARE AN EXTERNAL STUDENT OR IF YOUR DETAILS HAVE CHANGED SINCE LEAVING YEAR 11

Home address	House/flat number:	
	Building:	
	Street:	
	Town:	
	County:	
	Postcode:	
First Contact		
Parent/Carer Name		
Relationship		
Address (if different)		
Home telephone number		
Mobile telephone number		
Second Contact		
Parent/Carer Name		
Relationship		
Address (if different)		
Home telephone number		
Mobile telephone number		

3. CURRENT SCHOOL (this section only requires filling out if you are NOT from OAN Year 11)

Present School:	
Headteacher:	
Address:	
	Postcode:
Telephone:	Contact Person's Name:
If you are applying from another school please provide the following identity numbers: <i>(You may need to contact your current schools Exam Officer for this information)</i>	
Unique Learning Number (ULN):	
Unique Pupil Number (UPN):	
Unique Candidate Identifier (UCI):	
Please note: Students must bring a copy of their GCSE exam results when enrolling for Outwood Newbold Sixth Form	

Section D -

Ethnic Monitoring: The Secretary of state for Education has required all schools to collect information on children's ethnic origin and religion. The purpose of the data collection is to help everyone involved in education of children to make sure that the individual needs of each child are met. The information collected by the school about individual children will be kept in a secure and confidential manner and it will be anonymous. Total figures for the school will be sent to the DfE. No names will be sent. We do hope, therefore, that you will choose to help us with this information.
(Please tick relevant boxes)

Ethnic Origin

- | | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| White British | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| Traveller of Irish Heritage | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Gypsy/Roma | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Black | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> | Any other White background | <input type="checkbox"/> |
| Any other ethnic background | <input type="checkbox"/> | Information refused | <input type="checkbox"/> |

Religious Affiliation

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| Christian | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Section E

Support Services: In order that Outwood Newbold Sixth Form can provide appropriate support for you, please tell us about any particular health, educational or domestic issues you may have. Any medical information you provide will be shared with the appropriate people in the case of an emergency situation. Please tick all that apply and give further details on a separate sheet if necessary.

Do you consider yourself to have a learning difficulty and/or disability and/or health problem?				<input type="checkbox"/> 01 YES	<input type="checkbox"/> 02 NO
<input type="checkbox"/> 01	Blind/visual impairment	<input type="checkbox"/> 05	Epilepsy/asthma/diabetes	<input type="checkbox"/> 09	Profound complex disabilities
<input type="checkbox"/> 02	Deaf/hearing impairment	<input type="checkbox"/> 06	Emotional/behavioural difficulties	<input type="checkbox"/> 10	Aspergers
<input type="checkbox"/> 03	Mobility difficulties	<input type="checkbox"/> 07	Mental health difficulties	<input type="checkbox"/> 90	Multiple disabilities
<input type="checkbox"/> 04	Other physical difficulties	<input type="checkbox"/> 08	Temporary disability after illness (for example post-viral) or accident	<input type="checkbox"/> 97	Other
Do you have a medical condition which significantly affects daily life? Please give details on a separate sheet:					
<input type="checkbox"/>	I have to carry routine/prescribed medicines	<input type="checkbox"/>	I have been given medical advice to follow in an emergency		
<input type="checkbox"/>	I am receiving medical treatment by my GP/hospital	<input type="checkbox"/>	I have a learning or health condition that I would like to discuss		
<input type="checkbox"/>	I have an EpiPen for anaphylactic shock recovery	<input type="checkbox"/>			

Section F – Additional information

1. Is a parent/carer receiving any benefits or family credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Signature to confirm a 16-19 bursary pack has been given to the student:			
2. Are you currently entitled to free school meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
3. In year 11 did you receive any extra time or different access arrangements for your GCSE exam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
If yes, please detail what you received below			
4. IAG Information – Did you receive suitable 'Information and Guidance' advice in Year 11;			
a) To support you in starting to know what you want to do as a career choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
b) Did you receive a Unifrog password?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Future Career Plan (Please tick & detail what specifically you'd like to do below)			
Apprenticeship <input type="checkbox"/>	University <input type="checkbox"/>	Job <input type="checkbox"/>	Don't know <input type="checkbox"/>

DO NOT FORGET TO HAND IN THIS FORM BEFORE YOU LEAVE