

Application Form Post 16 Academy



Please complete sections 1 to 7

Please complete this form only if you are the applicant, not on someone's behalf.

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Section 1 – Your details

First Name _____ Surname _____

Full Postal Address _____

_____ Post Code _____

Telephone Number (home) _____

Mobile Number _____

E-mail Address _____

Date of Birth _____ Age on Sept '10 _____ Male Female

Your current (or last) school/college: _____

The David Young Community Academy

Bishops Way

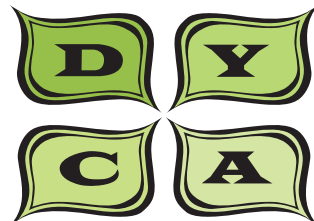
Seacroft

Leeds

LS14 6NU

0845 634 0007

www.dyca.org.uk



Building your Career and Community

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Section 2 - Your Choices

Either: **Advanced Diploma Choice** -
choose 1 subject from here and 1 AS choice from below.

- Construction
 - Creative and Media
-

Or: **BTEC National Choice** -
choose 1 subject from here and
2 AS/A2 subjects from below.

- Sport
 - Art & Design
 - ICT
 - Business Studies
 - Biology/Chemistry
-

AS Choice -

- Media
- Product Design
- Maths
- History
- Geography
- English Literature
- Sociology
- Business Studies
- Art & Design
- Human Biology

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Section 3 – More about you...

Examinations / Qualifications

Please list below any examinations you have already taken or will take before starting your academy courses.

| Subject | GCSE/BTEC | Predicted Grade (if known) |
|-----------------------|------------------|-----------------------------------|
| e.g. English language | GCSE | |
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| | | |
| | | |
| | | |

Other Qualifications: (e.g. First Aid Certificate, Duke of Edinburgh, etc...)

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Section 4 - Personal Statement

Personal Statement

Your personal qualities and experiences are important.

We want to know what your strengths are! This is the section where you can tell us about anything you've done of which you are proud or you think is important.

Interests: (e.g. sport, team memberships) _____

Achievements: (e.g. Duke of Edinburgh Award or First Aid qualification etc.)

Work Experience: _____

Plans for life after 6th form (University course/career): _____

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Section 5 – Extra Support

Do you have a disability or a learning difficulty?

Yes please complete this section

No please go to section 6

If yes, we want to help you get the best from your course.

Please indicate the additional support you are likely to need.

Please let us know if you require special arrangements at your interview.

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Section 6 – References (if you don't already attend DYCA)

Name _____

Title (Mr/Mrs/Miss/Ms) _____

Position (e.g. Head of Year/Form Tutor) _____

School/College/other _____

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Section 7 – Signature

Please sign the form and return it to us:

I understand that DYCA will keep information about me for the purpose of administration and marketing. The information provided on this application form will be fairly and lawfully processed and will be stored on an electronic database. I understand that I may be contacted by DYCA using the data provided here. This information is covered by the Data Protection Act and will only be disclosed with my consent. The only other organisation with which the DYCA will share information is the Learning and Skills Council, for funding and evaluation purposes. At no time will my personal information be passed to other organisations for marketing or sales purposes.

Applicant's signature: _____ Date: _____

Application Procedure: This section will be completed by us

Internal Candidates

- Seen by Head of House
- Options checked by subject teachers
- Offer made

External candidates

- Student has visited DYCA
- References asked for
- References collected
- Offer made

Official Signature _____ Date _____

FOR OFFICE USE

Reference: _____ Inputted: _____
Course code: _____ Acknowledgement: _____
Confirmation letter sent (Aug) _____ Offer: _____
Firm acceptance received _____