



YOUNG APPRENTICESHIP 2009

STUDENT APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM. PLEASE ENSURE THE STUDENT RECOMMENDATION FORM IS ATTACHED, THIS SHOULD BE COMPLETED BY YOUR TEACHER. PLEASE TYPE OR WRITE CLEARLY IN BLACK INK.

School:	Form:
School DCFS Number:	Student UPN Number:

Personal Details			
Surname			
Forename		Title	
Address			
		Postcode	
Date of Birth			
Telephone	Home		Mobile
E-mail address			
*Parent / Guardian contact name <i>*Please delete</i>			
Telephone	Home		Mobile
Nationality			Male/Female

You may continue your answer on another page.

Why would you like to join the programme?

What do you expect to get out of the programme?

What do you think you would like to do at the end of year eleven?

What is your preferred style of learning?

Additional supporting information
Write down 3 things that are important if you complete the programme successfully

Student Signature.....

Date.....

Parent/Guardian Signature.....

Date.....

YOUNG APPRENTICESHIP 2009 STUDENT RECOMMENDATION FORM

Name of Student:	
School:	
No of GCSE's studying (and subject/s):	

CAT Score					
V		Q		NV	
KS2 SATs Results					
English		Maths		Science	
Predicted GCSE Grades					
English		Maths		Science	
Other Qualifications taken					

Attendance rate =	%
School Attendance average rate for year group =	%

SCHOOL REFERENCE	
Punctuality	
General attitude	
Behaviour	
Practical Skills	
Performance under supervision	
Reading, Writing and Arithmetic skills	
Special needs (please give a brief explanation of any conditions) and whether the student is on the special needs register	
Support (please give details if support is needed and how the school will provide this support)	
Criminal Convictions	
Head of Year comment:	

Signature.....

Date.....

Position.....

NB: ANY FORMS SUBMITTED THAT ARE INCOMPLETE WILL BE RETURNED TO SCHOOL .