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**WEAVERS
ACADEMY**
*Creative
Education
Trust*

SIXTH FORM APPLICATION FORM

1. PERSONAL DETAILS

Surname:..... Forename(s):	
Date of Birth:	Preferred Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Current School:.....

Address:	Telephone numbers including STD code:
.....	Mobile:
.....	Home:
Postcode:	Other:
Email address:	

2. EDUCATION AND QUALIFICATIONS

Please give details of your education and any qualifications obtained. This should include any qualifications which you are studying for now. You will be required to prove you have obtained the qualifications you have listed.

Subject	Level	Grade Achieved (if exam previously taken)	Predicted Grade



3. FURTHER PATHWAYS

Please indicate possible career routes and/or Higher Education courses that you may wish to follow and would like guidance in working towards.

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4. OPTIONS CHOICES

Using the Options Choices below, identify any FOUR subjects you wish to select for A-Level and/or BTEC. Please number the subjects 1 to 4, with 1 being your top choice

Art	
Biology	
Business	
Chemistry	
Drama	
Economics	
English Language	
English Literature	
French	
Further Maths	
Geography	
History	
Computing	
Maths	
Media	
Music	
Photography	
Physics	
Psychology	
Sociology	
Spanish	
Sport	
Textiles	

EPQ is a compulsory option; please tick to indicate that you agree to complete the EPQ as a requirement.

We are considering the following options; Health and social care, Financial studies, or Criminology. If you are interested in one of these options please indicate below which one:



5. ADDITIONAL AREAS

At Weavers Sixth Form we encourage and expect our students to support wider school activities and play an active part in our enrichment programme (details in the prospectus). Please outline any additional areas you can, or would like to contribute to.

6. ADDITIONAL INFORMATION

Please outline any additional information (wider interests, personal qualities, representing the school) which you feel will support your application to the Sixth Form at Weavers Academy.

7. REFEREE

Please provide the name and contact details of your referee.

Surname:..... Forename(s):

Address: Telephone Number:

.....

.....



8. SIGNATURE

Applicant Signature:	Date:
Print Name	
Parent/Guardian Signature:	Date:
Print Name	

9. RETURN INFORMATION

Application must be returned by 10 December 2018
Please return For the Attention of:
Mrs C Sexsmith
Head of Sixth Form

enquiries@weaversacademy.org.uk

10. OFFICE USE ONLY

Interview:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accepted into Sixth Form:	<input type="checkbox"/> Yes	<input type="checkbox"/> No