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| **Student Personal Details (Please use capitals)** |
| Surname:  |  Forename(s):  |
| Email: | Telephone: | Date of birth: |
| Student Home Address:  | Postcode:  |
| **Parent / Carer Details (Please use capitals)** |
| Surname:  | Forename(s):  |
| Email: | Telephone: |
| Home Address:  | Postcode: |
| **Education and Academic qualifications** |
| Current / Previous School:  |
| I have and Education Health Care Plan (EHCP) | Yes / No |
| **GCSE Results / Predicted Grades** (delete as appropriate) |
| **Subject / Examination**  | **Level / GCSE** | **Grade** | **Subject / Examination**  | **Level / GCSE** | **Grade** |
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| **Personal Statement** Use this space to explain why you would like to do the course you have applied for. Remember to include your reasons for choosing the course, what interests you about it and your career plans, jobs, work experience, voluntary work, relevant interests or hobbies and any other achievements. |
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| **References** |
| We may ask your previous school for a reference. Please give the name of the Headteacher or Head of Year/Pastoral Leader to whom we should contact: |
| Name: | Role: |
| Full Postal Address: |
| Telephone No. | Email: |

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| **Declaration** I confirm by submitting this application form that, to the best of my knowledge, the information in this form is correct. I understand and agree to abide by the conditions and regulations of Rockley Education, which I accept as a condition of this application. |
| Applicant’s signature: | Date: |

Please submit your application by email to yourfuture@rockley.org