



**OAKGROVE INTEGRATED COLLEGE**  
**POST 16**  
**INITIAL APPLICATION FORM**  
EXTERNAL

**PERSONAL DETAILS (Block Letters)**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**SECONDARY EDUCATION**

**FROM**

**TO**

Name(s) of School(s)/attended – put most recent first.

**SUBJECTS TAKEN AT KEY STAGE 4**

SUBJECTS

TYPE OF EXAM  
(GCSE/Entry Level)

DATE TO BE  
TAKEN

Give details of any scholarships, awards or prizes won inside or outside school.			
<b>ACTIVITIES AND INTERESTS</b>			
Give details of your main activities, hobbies and interests to date and state any positions of responsibility held (eg. Class councillor/mentor, team captain, etc.)			
<b>WORK EXPERIENCE</b>			
Name of Employer	From	To	Type of work, including vacation, part-time and voluntary
1.			
2.			
3.			

**WHAT BENEFITS HAVE YOU GAINED FROM WORK EXPERIENCE AND HOBBIES?**

Give details of your skills and qualities.

**SUBJECT CHOICES**

Please indicate below which subjects you wish to study and reasons for your choice (you may make up to 5 choices).

**REFEREES** (one of whom must be a Teacher, Vice Principal or Principal)

NAME:

ADDRESS:

POST CODE:

TELEPHONE:

NAME:

ADDRESS:

POST CODE:

TELEPHONE:

OCCUPATION:	OCCUPATION:
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If you feel there is anything that has not been covered adequately elsewhere on your application, please add these details below (attach further details if necessary).

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I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS ACCURATE.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* FOR SCHOOL USE ONLY**

<b>STUDENT NAME</b>	
<b>GCSE GRADES</b>	
<b>BEHAVIOUR</b>	
<b>ATTENDANCE</b>	
<b>HEAD OF YEAR 12 APPROVAL</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE <input type="checkbox"/>
<b>Reasons:</b>	
<b>HEAD OF YEAR 13 APPROVAL</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE <input type="checkbox"/>

<b>Reasons:</b>	
<b>PRINCIPAL APPROVAL</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>MAYBE</b> <input type="checkbox"/>
<b>Reasons:</b>	
<b><u>DECISION</u></b>	<b><u>ACCEPT</u></b> <input type="checkbox"/> <b><u>DECLINE</u></b> <input type="checkbox"/>