

For Office Use Only	
Received by Harris Federation	
Post 16 Admissions Manager	
Receipt sent	
Reference requested	
Reference Deadline	
Reference received	
Interview date	
Interview time	

Post 16 Application Form

If you have any queries regarding the completion of this form please telephone the Harris Federation Post 16 Admissions Manager on the above number. Please send your completed application form to the Harris Federation Post 16 Admissions Manager at the above address together with a **PASSPORT SIZE PHOTOGRAPH AND A COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT.**

Please note that your base site will depend on your chosen subjects. The Harris Federation Post 16 runs across eight Academies: Harris City Academy Crystal Palace, Harris Academy South Norwood, Harris Academy Merton, Harris Academy Purley, Harris Girls Academy East Dulwich, Harris Boys Academy East Dulwich, Harris Academy Beckenham and Harris Academy Bromley.

Surname:		Other names:	
Date of birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:			
Postcode:			
Home Telephone:		Mobile:	E-mail:
Parent/Carer name(s):			
Parent/Carer mobile:		Parent/Carer e-mail:	

Ethnic origin- please tick one box only			
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Mixed - White & Black African	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed - White & Black Caribbean	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Mixed - any other Mixed background	<input type="checkbox"/>
Asian or Asian British - any other Asian background	<input type="checkbox"/>	White - British	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	White – any other White background	<input type="checkbox"/>
Black or Black British - any other Black background	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Not known/ not provided	<input type="checkbox"/>
Mixed - White & Asian	<input type="checkbox"/>		<input type="checkbox"/>

Nationality:			
Have you lived in the UK/EU for the last 3 years? Please tick one box only	Yes, UK	Yes, EU	No
If no, how long have you been resident?			

COURSE APPLIED FOR
 (PLEASE REFER TO THE COURSE OPTIONS ON THE WEBSITE AT WWW.HARRISPOST16.ORG.UK. PLEASE SELECT A MAXIMUM OF 4 SUBJECTS)

	1	2	3	4
Subjects				

INTERNATIONAL BACCALAUREATE-
 IF YOU WISH TO APPLY FOR THIS COURSE, PLEASE COMPLETE THE BOXES BELOW SELECTING ONE SUBJECT FROM EACH GROUP AND INDICATE WHETHER SUBJECT IS TO BE

Subjects	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Level	Standard/ Higher	Standard/ Higher	Standard/ Higher	Standard/ Higher	Standard/ Higher	Standard/ Higher

NAME AND ADDRESS OF PRESENT / LAST SCHOOL / COLLEGE:

DATES ATTENDED:

REFERENCE
 Please supply the name of a teacher/ head of year/house/faculty to whom reference may be made regarding your choice of course:

NAME:

POSITION:

Unique Pupil Number (UPN) <small>This can be obtained from your current school</small>																			
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Careers- to allow us to help you choose the right courses for the career you are looking to pursue, please tick any of the options below that you are interested in:

Administration		Art & Design		Business		Computing	
Construction		Education		Engineering		Healthcare	
Hospitality		Law		Performing Arts		Public Services	
Retail		Social Work		Sport		Other	

If you have ticked other, please give details here:

Please explain your reasons for choosing this course. Include your ideas for you future career plans and any other information you think may be useful e.g. your interests, hobbies etc.

Details of any examinations or qualifications already achieved.

Subject	Examination/Qualification	Grade achieved	Date achieved

Details of any examinations to be taken or awaiting results

Subject	Examination/Qualification	Estimated grade	Date

EMPLOYMENT - Please give details of any employment, whether full-time or part-time.

EMPLOYER	FT/PT	DATES	TYPE OF WORK UNDERTAKEN

SPECIAL EDUCATIONAL NEEDS	
Is the applicant statemented? Yes/No Does the applicant have a learning difficulty? Yes/No If yes, give brief details below	If Yes, give date of statement: Is the applicant dyslexic? Yes/No If yes, has she/he been assessed? Yes/No By whom? Date of assessment
<input type="checkbox"/> Please tick here if you have a disability and or would need additional support at interview. Please give details below:	

SIGNED _____	DATE _____
If you are under eighteen a parent must sign to support your application	
SIGNED _____ Parent	DATE _____

