



West London Academy

Further Education Centre

Application Form 2010

West London Academy, Bengarth Road, Northolt, Middlesex UB5 5LQ

Tel: 0208 841 4511, Fax: 0208 541 4480, Website: www.westlondonacademy.co.uk

Please complete all relevant sections of this form clearly in black ink and return to the address above.

NB: Section 6 is to be completed by your Form Tutor and signed by your Head of Year/Key Stage Learning Manager.

Personal Details - please print

First Name(s): _____

Surname: _____

Date of Birth: _____ Age last birthday: _____ Male/Female: _____

Address: _____

_____ Postcode: _____

Telephone Number (inc code): _____

Present School: _____ Tutor Group: _____

Headteacher/Principal: _____

Address: _____

_____ Postcode: _____

Telephone Number (inc code): _____

Date of entry to present school: _____

Person with Parental Responsibility	Home Address & Phone Number	Other Contact Details:
		Work Phone No: Mobile:

Country of residence since 1998: _____

UK Citizenship: Yes No

Diplomatic Status: Yes No

Main Language Spoken: _____ Additional Languages: _____

Additional Information

Please give detailed information under the following headings:

Interests (e.g. hobbies, clubs, societies etc both inside and outside school)

Positions of Responsibility (e.g. Student Leader, House Captain, Senior Prefect, School Council Rep, Sports Captain, Library Monitor)

Achievements (e.g. sporting, cultural, music, dance, drama, first aid)

Work Experience

Where was your placement? _____

What skills did you develop?

What tasks did you undertake? _____

What did you learn from your placement? _____

Career/further/higher education plans and how your chosen combination of subjects will help to achieve your future plans

Reasons for applying to WLA Further Education Centre

Declaration

I have read the Post-16 brochure and understand that entry to Post-16 on my preferred programme of study will be based on meeting the entry requirements, course availability and good references. I understand that in the unlikely event of under-subscription the WLA Further Education Centre may not be able to offer individual subjects.

The information given on this form is to the best of my knowledge correct in all respects.

Applicants Signature:	Date:
Signature of Parent or Guardian:	Date:

Only your Form Tutor and Head of Year/Learning Manager at your current school may complete this section

Self Management and Development

	Very Good	Good	Average	Poor
Managing own time _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Study Skills _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding goals and objectives _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of adaptability _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/motivation/commitment _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards staff _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working with and relating to others

Inter-personal Skills _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing Tasks & Problem Solving

Use of ICT to support learning _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of information sources _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with tasks _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suitability for the proposed course of study?

Do you have any reservations in supporting this application? If so, please give reasons

Attitude towards learning

Please outline the nature of support needed by this student if applicable

Does the student have a statement of SEN?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student received learning support?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student require English Language support?	<input type="checkbox"/>	<input type="checkbox"/>

Please give details:

Form Tutor Signature:	Date:
Head of Year Signature:	Date:

This information is required to ensure that we comply with our Equal Opportunities Policy and is not part of our Admissions Procedure. Please tick one box only:

- | | | |
|---|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other white background | <input type="checkbox"/> Traveller of Irish heritage |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> British | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White and Black Caribbean |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Info not obtained |
| | <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Refused |
| | <input type="checkbox"/> Indian | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Irish | (Please Specify) |