The information on this form is processed electronically for administration purposes and is subject to the terms of the Data Protection Act 1998.

 Contact Details

|  |  |
| --- | --- |
| Forename(s): | Surname: |
| Date of Birth: | Sex: Male/Female  |
| Home Address:Post Code:Home Tel No: | Current School: |
| Student Mobile No: | Name of Parent(s)/Carer(s): |
| Student Email: | Parent/Carer(s) Mobile No: |

 GCSEs or Qualifications (you have acquired or are due to obtain)

OA6 Application Form

Open Academy, Salhouse Road, Norwich, NR7 9DL

01603 481 640

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Grade(Projected) | Subject | Grade(Projected) |
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Personal Statement (Please provide some additional information you feel will support your application)

Additional Needs (Please briefly describe any relevant disability, medical condition or learning requirements)

|  |  |  |
| --- | --- | --- |
| Courses applied for: | Referee comment on whether applicant is suitable for this course: | Name of Referee: |
|  |  |  |
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|  |  |  |
|  |  |  |

# Agreement and Signature

|  |
| --- |
| Applicant Name (printed): |
| Signature: |
| Date: |

I apply for the courses named above. I understand that the Academy reserves the right to alter or not run courses if deemed necessary.

Thank you for completing this application form and for your interest in joining us.

Once completed, please email to Leila.molloy@open-academy.org.uk

Or post to Leila Molloy Open Academy, Salhouse Road, Norwich, NR7 9DL