

CAMBRIDGE AREA 14-19 PARTNERSHIP APPLICATION FOR ADMISSION TO A FULL TIME COURSE OR APPRENTICESHIP PROGRAMME 2026-2027 <i>Please complete this form in BLACK INK</i> <i>Closing date: 15 January 2026 (See Guidance Notes for details.)</i>					FOR CENTRE USE ONLY (Leave blank)				
					Recd:				

1. Legal Surname												
Legal Forenames					Known as					Male/ Female		
2. Home Address					3. Date of Birth					Age on 1st September 2026		
					DD		MM		YYYY			
Post Code:					4. ULN (if known – see Guidance Notes)							
Home Telephone:			Mobile:			Email:						
Have you been resident in the European Economic Area for 3 years prior to start of course in September? Yes ☐ No ☐					First Language?							

5. Secondary/Middle Schools Attended				From		To	

6. Choices: Post-16 Centre and course (in order of preference) (An example of the completed table is shown in the Guidance Notes)									
Centre		Subjects/Courses/Level or Apprenticeship Programme you wish to study.							

7. Examinations (Please list examinations you are taking before September 2024 and/or results of examinations and programmes of study already completed. Please read Guidance Notes before completing.)											
Subjects		Exam	Tier (H, F)	Est Grade	Actual Grade	Subjects (cont.)		Exam	Tier (H, F)	Est Grade	Actual Grade
						Short Courses					

8. Additional Support Needs. Please read Guidance Notes before completing

Post-16 Centres welcome applications from students who require additional support due to a disability, medical condition, learning difficulty or personal situation.

Please tick the following boxes if:

- you are currently receiving learning support ☐
- you have a disability or other condition which affects your learning ☐
- you (or your parent/carer) have any disability that requires special interview arrangements to be made ☐
- you are cared for or are a carer yourself ☐
- you have received a police caution, reprimand, or conviction ☐
- you are in receipt of free school meals ☐

You may wish to briefly note any details here or tick this box if you would like us to contact you in confidence to discuss the support you require or your personal background: ☐

9. To help us monitor our Equal Opportunities Policy, you are invited to describe your ethnic group or background by ticking the appropriate box. The information supplied will be kept strictly confidential.

White	Mixed/Multiple ethnic groups	Asian/ Asian British	Black/African/Caribbean/ Black British	Other Ethnic Group
English/Welsh/Scottish/ Northern Irish/British ☐ (31)	White and Black Caribbean ☐ (35)	Indian ☐ (39)	African ☐ (44)	Arab ☐ (47)
Irish ☐ (32)	White and Black African ☐ (36)	Pakistani ☐ (40)	Caribbean ☐ (45)	Other ethnic group ☐ (98)
Gypsy or Irish Traveller ☐ (33)	White and Asian ☐ (37)	Bangladeshi ☐ (41)	Other Black/African/Caribbean background ☐ (46)	
Other White Background ☐ (34)	Other Mixed/Multiple ethnic background ☐ (38)	Chinese ☐ (42)		
		Other Asian background ☐ (43)		

10. Applicant's Signature

Date: _____

(Please sign above to confirm your application and your agreement to the conditions outlined below.)

Information provided on this application form will be passed to the Data Service of the Information Authority, which is registered under the Data Protection Act 2018. This information will be shared with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes. At no time will your personal information be passed to organisations for marketing or sales purposes. Relevant information about additional support needs will also be passed in confidence by your current school to the post-16 centre at which you enrol. Further details about data confidentiality are available on request from that post-16 centre.

11. Recommendation For Chosen Course

(Please attach a separate school reference and personal statement to this form.)

Signed: _____ Position: _____

Name: _____ Date: _____

12. Parent/Carer Consent (for applicants under the age of 18)

I have read the accompanying Guidance Notes, and confirm the accuracy of the information detailed in this application and give my consent for this course application.

Parent's/Carer's signature: _____ Date: _____

Name: (Dr/Mr/Mrs/Miss/Ms) _____ Relationship to Applicant: _____

Address: (If different from applicant) _____

Daytime telephone: _____ and/or Daytime email address: _____

A REFERENCE AND A PERSONAL STATEMENT SHOULD BE ATTACHED TO THIS APPLICATION FORM