LeCAP 2008

PRACTICE FORM ONLY

connexions LEICESTER SHIRE

Leicester and Leicestershire Common Application for Post 16 learning

This form is for practice only. Please use the triplicate form for your actual application

BEFORE YOU COMPLETE THIS FORM, PLEASE READ THE 'LeCAP GUIDE FOR STUDENTS'

A. Personal Details:

* read the LeCAP Guide for Students for help with these items

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Gender Male ☐ Female ☐

Forename | Other names

Surname | Preferred name

Date of Birth D D M M Y Y Y Y | Born in UK ☐ | Date of entry to UK (if applicable) D D M M Y Y Y Y

*Ethnic origin | Nationality

*Tick this box if you have a disability ☐ *Tick this box if you have a learning difficulty ☐

Home Address (in full)

County | Postcode

Home phone

Mobile phone

E-mail

Names of parent(s)/carer(s)

Present (or, if no longer at school, previous) School/College

* Tick this box if you are in care or a care leaver. ☐

B. Qualifications & Examinations

First, list any qualifications already gained. Second, list any examinations you will be taking before September 2008

LEVEL	SUBJECT	YEAR	Predicted GRADE	Actual GRADE	LEVEL	SUBJECT	YEAR	Predicted GRADE	Actual GRADE
eg GCSE	*English language*	*2008*	*C*						

C. Achievements & Activities

Have you been keeping a Progress File ☐

Include School/College responsibilities, work experience, community/voluntary work, hobbies, interests, evening classes, club membership.

D. Your Post 16 choices

You can choose options for full-time courses or apprenticeships or both. You can also be considered for e2e.

Which do you prefer? Full-time study ☐ Apprenticeship ☐ e2e ☐ undecided ☐

Full-time Courses - (see the Guide for Students) Please write your courses/subjects in choice order

1st choice School/College

Course /Subjects

2nd choice School/College

Course /Subjects

3rd choice School/College

Course /Subjects

Apprenticeships - (see the LeCAP Guide for Students)

Occupations Chosen | Preferred Training Providers

e2e – Entry to Employment (see LeCAP Guide for Students) Do you wish to be considered for the e2e training scheme ? ☐

E. What are your reasons for wishing to follow the subjects/course(s)/apprenticeship(s) you have chosen?

eg ambitions, abilities, career aspirations, employment opportunities, educational goals/interests.

Signature of student ..... Date .....

Signature of parent/carer ..... Date .....

Signature of teacher ..... Date .....

Data Protection

The information on this form will be retained on a computer database and held in accordance with the provisions of the Data Protection Act 1998 and other associated legislation. Information provided is confidential and will not be supplied to mailing companies. It will be passed to the learning providers you have chosen in section D above and to the Learning and Skills Council for the collection and analysis of statistical data. Further information about data confidentiality is available on request from Connexions Leicester Shire.