

Application Form

Please complete all sections.

Please Note: Sections marked with an asterisk (*) are required and need to be completed to progress your application.

Applicant details	 	
First name *	Middle Name(s)	
Known as (if different)		
Legal surname *		
Known as (if different to legal surname)		
Date of Birth (DD/MM/YYYY) *		
Application completed/supported by:		
First Name *		
Surname *		
Relationship to applicant (e.g., next of kin, legal guardian) *		
Parent/Carer Information		
Title *		
First Name*		
Surname*		
Relationship to applicant (e.g., next of kin, legal guardian) *		
Parent / Carers Home Phone Number *		
Parent / Carers Mobile Phone Number *		
Parent / Carers E-mail Address *		
Home Address		
Line 1*		
Line 2 *		
Town *		
County *		_
Postcode *		

Pathway Applied For:					
If you are unsure which information:	h Pathway would be suitable, please refer to the College website for more				
https://www.marketfie	eldcollege.co.uk/our-programme-pathways				
Pathway 1	Supported studies – For students who aspire to increase their independence but wish to continue their education in a highly supportive environment.				
Pathway 2	Preparation for work – For students who wish to develop their skills for independence and employment, and work towards achievement of personal goals.				
Pathway 3	Career transition – For students with additional needs who require supported learning at Entry Level 3/Level 1 & 2 before processing to vocational study, employment and/or an apprenticeship.				
Pathway 4	Enhanced transition – For students who wish to accelerate their transition into employment OR students requiring a higher level of transitional support to access education.				
Pathway Suitability *					
Vocational Options:					
Whilst Pathway 1 & Pathway 2 students experience introductory learning across <u>a range of</u> Vocational Options, those enrolled onto Pathway 3 (or 4) select <u>one</u> Vocational Option to study.					
If you are applying to P	athway 3 or Pathway 4, please indicate your vocational subject preference.				
Our projected vocation iMedia, Construction, H	nal offer includes: orticulture, Health & Social Care and Hospitality & Catering.				
	orogrammes, those wishing to follow iMedia or Health & Social Care must have at a minimum level of Entry Level 3 (English) to meet entry requirements.				
Option 1					
Option 2					
Option 3					
Why have you chosen t	this option? What is your intended career path?				

ducatio	n					
Name c	and address of m	nost recent school,				
college, or training provider. *						
Date of	leaving (or due	to leave) *				
Dale of	leaving (or abe	io leave)				
Please co	omplete the tolk	owing table, listing you	ur actual or predicte	d academi	c achievemer	nt. *
he follov	wing table MUST	be completed in full in	n order to progress y	our applica	ation. If you do	not have this
nformati	on, please requ	est it from your current	educational provid	er.		
Name	e of School /		Award	Year of	Predicted	
	College	Subject	(e.g. GCSE)	Exam	Grade	Actual Result
Addition	al Support					
-aamon						
Oo you h	ave an Educatio	on, Health and Care P	Plan (EHCP)? *			
0	Yes					
0	No					
0	In process					
•	11 6100033					
'lease de	escribe the prim	ary area of need outli	ned within the EHC	Plan *		
Please !	Note: Before we	progress an application	on, we require a cor	ov of the mo	ost recent FHC	P and Annual
		progress an application				P and Annual
Review.	Copies can be	sent direct to the coll	ege (paper based)			P and Annual
Review.	Copies can be		ege (paper based)			P and Annual
Review.	Copies can be	sent direct to the coll	ege (paper based)			P and Annual

Health/Medical Information

Do yo	Nedical issues: have any health/medical difficulties that the college would need to be aware of rgies, diagnoses, other health difficulties etc.? *	
Medic Do yo	ion: ake regular medication? *	
0	Yes	
0	No	
If yes,	ease confirm details of the medication below:	
If yes,	l you need to take medication whilst at college?	
0	Yes	
О	No	
	ease provide further details below e.g., what medication you would need to take, when you wo take it, dosage etc.	uld
Please	ell us about any specific support you require to manage your health/medical needs:	
Do yo	nave a medical or care plan in place?	
0	Yes	
0	No	

If yes, please provide us with a copy of this document alongside the application form to help assess your support needs.

Work Experience Each of our Pathways provides students with work placement opportunities. To help us assess your application, please confirm the following: Yes No 0 Have you taken part in any work experience before? * If yes, please answer the questions below: Where did you complete your work experience? When did you do work experience? How long did you do work experience for? Were you ever paid for this work? Why did this work experience stop? What level of 'on the job' support did you receive e.g., did you access work experience independently/did you attend as a group/were you supported by school staff etc.? Travelling to College and to Work Experience Can you access public transport independently? * Have you received travel training? * Are you planning to undertake travel training in the near future? * Do you have a bus pass? *

*Please Note:

frequently use? *

get to college? *

What mode of transport do you most

What mode of transport would you use to

All work placements are vetted and matched to support the needs of the individual learner.

The vast majority of Pathway 1 and 2 students attend work placements as part of their class group. Most Pathway 3 students, however, attend work placements independently.

In most cases we are unable to support transport to and from work placements for Pathway 3 students. Most students either travel independently or make private transport arrangements via parents/carers.

References Please Note: A verbal reference will be automatically requested from your Head of Year or Pastoral Lead at your current school. Please ONLY give details of a different referee if your individual circumstances demand this (e.g. you have a home tutor) Full name: Position: Email address: Student Declaration – Agreement to share information I authorise my current school/provider/college to provide Market Field College with information relevant to my application, including my predicted grades. Following my enrolment, I authorise my current school/provider/college to release information to Market Field College where this is needed to ensure my support needs are met and/or where this information is needed for my safety and wellbeing at Market Field College. If I am aged 18 years or under on 31st August 2024, I provide consent for Market Field College to liaise with my named next of kin/legal guardian where relevant to my application. Signed..... Date..... Parent Declaration – Agreement to Share Personal Information I confirm to the best to my knowledge that the information on this form is correct & complete. Please indicate that you give permission for your information together with your son/daughter's previous student information to be passed from the Local Authority / current education provider to Market Field College. This will assist us in understanding your son/daughter's support requirements. Please outline below any specific information you do not wish to be shared, or parties with whom information should be withheld:

DATA PROTECTION - the information you have provided will be stored on computer and used to process your application. The information may be disclosed to the Careers Service, Local Education Authority, Awarding Bodies, Funding Councils, the Higher Education Statistical Agency and if you are under 18 years of age, to your parents/guardian.

I confirm that the information given on this application is correct and that I will notify Market Field College immediately of any changes. I am aware that giving false or misleading information may lead to my application and/or subsequent enrolment being reviewed or withdrawn.

All information gathered on this application form, and collected through the application process will be retained and processed in line with