

APPLICATION FORM

Please complete all parts of this form in CLEAR BLOCK CAPITALS and black ink. When complete, return to joshwain@spireitestrust.org.uk or drop off at The Hub, Proact Stadium, S41 8NZ.

First name

Female

Post Code

Male

Email

Family Name

Date of Birth

Address

Permanent Home

Contact Number

Address										
Have you lived in the UK or other European Union Country for the whole of Yes No										
the last 3 years?						103	140			
Course being applied for: (Please Tick Choice)										
BTEC Level 2 Sport		BTEC Level 3 Extende			ed			vels (Must choose		
			Diploma in Sp (Equivalent to					-	in Block C as	
			Levels)				one option, other options must be from separate			
			,			blocks)				
Please choose A-L	evels	Belov	v							
Block A		Bloc	k B	[E	Bloc	k C			Block D	
Sociology		Psyc	chology		Furt Matl	her nematics			History	
Chemistry			TEC Business Biology tudies			English Language				
Geography		Physics			BTEC Health & Social Care			Mathematics		
German		Law		E	BTEC Sport			Photography		
French		Music			Art & Design			Dance		
Computer Science				E	Eng	lish Lan &	Lit			
Drama										



Current Grassroots Club/s						
Grassroots Managers Name		Telephone Nu	mber			
Ü		Email Address	3			
Favoured Playing Position			Favoure	ed Foot		
Previous						
Professional Club Contact						
Current						
Professional Club Contact						
Contact						
Why are you intereste application including			y further	· informa	tion that may s	upport your
Please give the name	and address of the la	st school you	attended	l (or are a	ettending)	
					Post Code	
Percentage attendance	since September 2017			ı		
Do you have a Record	Achievement / Progress	s File			Yes	No







Qualifications already achieved (e.g. GCSE, ECDL etc.)				
AWARDING BODY	EXAMINATION SUBJECT	LEVEL	YEAR	GRADE

Examinations to be taken					
AWARDING BODY	EXAMINATION SUBJECT	LEVEL	DATE TO BE TAKEN	EXPECTED GRADE	







Outwood academy Newbold and Chesterfield FC Community Trust are committed to ensuring that ALL students realise their potential. Are there any barriers to your learning that we need to remove? Please help us by ticking any of the boxes below: Reading/writing Dyslexia, Deaf or hearing impairment difficulties dyscalculia Visual impairment Other learning or physical disability - please specify below Do you require any special arrangements for your interview? If yes Yes No please specify below. Do you have any medical conditions that we need to be aware of? Yes No How did you hear about the course? Please tick all of the boxes that apply. Friend/Relative Through School Launch Event Academy CFC Social Media/Website **Employer** Leaflet/Prospectus Outwood Academy CFC Academy/ETC Newspaper Advert or Article Newbold website







The information on this document will be stored in accordance with the Data Protection	
Act 2018. From time to time we may contact you with information regarding the Football	
& Education Programme as well as Community Trust promotional material which we think	
will be of interest to you, if you are happy to receive this information please put an X the	
box.	
We may take photographs/videos of the sessions you are involved in for publicity	
purposes (including but not limited to social media, our website and promotional	
material), the information may also be shared with our partner organisations. If	
you are happy for your photograph to be taken, please put an X in the box.	
In the situation that you should require immediate medical attention, by signing this	
document you consent to our staff providing it, whether that be on site treatment or calling	
for external support. If you are happy to receive medical treatment, please put an X in the	
box.	

By signing this form, I confirm that the above information is true to the best of my knowledge and I fully understand and consent to the declarations made within the document.

By signing this document, it **does not** mean that you are signing a contract with Chesterfield FC academy/youth team, you are still permitted to play for your grassroots club.

	, , ,		
Student Name		Date	
Student Signature			
Parent Name		Date	
Parent Signature			

Return this form by email to joshwain@spireitestrust.org.uk or post to Chesterfield FC Community
Trust, The HUB, Proact Stadium, Chesterfield, Derbyshire, S41 8NZ







FOR OFFICE USE ONLY				
Date Application Recei	/e i			
Interview Date	Interviewer			
Comments				
Handler design				
Has the student been offered a place				
on the course?	YES / NO			
Has the student accepted a place on the course?	YES / NO			
Any further action				



