 **Insight** **into** **IT** **Programme** **Monday** **30th Januray** **to** **Thursday** **2nd** **February** **2017**

**APPLICATION** **FORM**

**PLEASE** **COMPLETE** **ALL** **SECTIONS** **ON** **THIS** **FORM** **IN** **BLOCK CAPITALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student** **Name:** | |  | | |
| **Home** **Address:** | |  | | |
| **Post** **Code:** | |  | | |
| **Student** **Home** **Tel** **No:** | |  | | |
| **Student** **Email:** **(we** **willcommunicate**  **with** **you** **by** **email)** | |  | | |
| **School** **Attended:** | |  | | |
| **Contact** **Teacher:** | |  | | |
| **Teacher** **E-mail:** | |  | | |
| Details of any Medical Conditions i.e. Asthma, Diabetes, etc:  Any Allergies? Yes No  IfYes,PleaseSpecify:  SpecialDietaryRequirements: | | | | |
| **GCSE** **Examination** **Results** | | | | |
| **Subject** | **Grades** **(If** **Completed)** | | **Subject** | **Grades** **(If** **Completed)** |
| **ENGLISH LIERATURE** |  | | **ENGLISH LANGAUAGE** |  |
| **MATHS** |  | | **LLW** |  |
| **RELIGION** |  | | **HISTORY** |  |
| **ICT** |  | | **DRAMA** |  |
| **CORE SCIENCE** |  | | **ADDITIONAL SCIENCE** |  |
|  |  | |  |  |
|  |  | |  |  |
| **A/AS** **Level** **(or** **Other)** **Subjects** **Being** **Studied** **/** **Intending** **To** **Study** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |



|  |
| --- |
| **Areas** **of** **IT** **In** **Which** **You** **Are** **Most** **Interested** |
|  |
| **Degree** **Course** **You** **Will** **Most** **Likely** **Consider,** **If** **Known** |
| First Choice: |
| Second Choice: |
| **Reasons** **For Applying** **For A** **Place** **On** **The** **Insight** **Into** **IT** **Programme** |
|  |
| **APPLICANT’S** **STATEMENT** |
| **In** **accepting** **a** **place** **on** **the** **Insight** **Into** **IT** **Programme:** |
| Iagreetopaya£50.00attendancesuretypayableto“Sentinus”, **refundable upon successful** **completion of the course.**  Signature: Date: |
| **PARENT/** **GUARDIAN** **SUPPORT** **STATEMENT** |
| **I** **support** **this** **application** **and** **if** **my** **son** **/** **daughter** **does** **not** **fulfil** **the** **commitments** **of** **the** **programme,** **the** **£50.00** **surety** **will** **be** **non-refundable.** |
| Signature: Date: |
| **Please** **return** **this** **form** **by:** **Friday** **16th December 2016** |
| **Dominick McCartan Tel: 028 9262 7755**  **19a Ballinderry Road Fax: 028 9262 7744**  **Lisburn Email: dominick.mccartan@sentinus.co.uk**  **BT28 2SA Website:** [**www.sentinus.co.uk**](http://www.sentinus.co.uk) |