



DEPARTMENT OF EDUCATION  
AN ROINN OIDEACHAIS  
MÁNNYSTRÍE O LEAR



INVESTOR IN PEOPLE

## Flexibility at Key Stage 4

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### *APPLICATION FORM*

**School Name:** .....

**School No:**

**Our Ref:**

**Address:** .....

..... **Postcode:**.....

**Telephone:** .....

**Contact:** Title: ..... Initial: ..... Surname: .....

Job Title: .....

**Type of School:** Secondary  Grammar  Special

**Number of pupils in Key Stage 4:**

**SECTION 1**

**Number of Pupils to Disapply**

<b>Year</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick Area(s) of Study to be disappplied:

- English
- Mathematics
- Science & Technology
- Environment & Society
- Creative & Expressive Studies
- Languages

Please list other Areas of Study/Qualifications which will be taken apart from work-related learning.

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Have the pupils been consulted about the content of the programme and have they chosen to participate?      Yes       No

Please give details.

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Have parents attended a careers interview or been consulted?      Yes       No

Please give details.

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Does the programme demonstrate balance, cohesion and clear progression routes?

Yes

No

Please give details.

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Does the proposed work-related course lead to a recognised and approved qualification?

Yes

No

Please give details.

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Is there a clear focus on the Key Skills - Communication, Application of Numbers and ICT?

Yes

No

Please give details.

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Has the programme been prepared in consultation with your ELB?

Yes

No

Name of Board Contact: .....

Have you planned how you will evaluate the programme?

Yes

No

Please give details.

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**SECTION 2**

**Where programmes include work placement or FE/TO involvement:**

**Provision made with Further Education Sector**

Name of FE College: .....

Address: .....

Attendance: .....

Name of recognised and approved qualifications: .....

**Provision made with Training Organisation**

Name of Training Organisation: .....

Address: .....

Attendance: .....

Name of recognised and approved qualifications: .....

**Details of Work Placements or other Out-of-School Learning** *eg location; attendance pattern for work placement; attendance pattern of FE/TO involvement.*

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Details of child protection arrangements in place.

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**Name of Principal:**.....

**Signature of Principal:**..... **Date:**.....

**Please ensure that the fully completed application is copied to the Head of the Curriculum Advisory and Support Services (CASS) of your local Education and Library Board, and in the case of Catholic Maintained Schools, CCMS.**