



Flexibility at Key Stage 4

APPLICATION FORM - PHASE 6

Please complete this Form and return to:
Jean Coulter, Curriculum and Qualifications Branch, Room G11, Department of Education,
Rathgael House, 43 Balloo Road, BANGOR, Co Down BT19 7PR

COMPLETED APPLICATION TO BE RETURNED BY 7th MAY 2004

School Name:

School Reference Number:

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Address:

..... Postcode:

Telephone: Fax:

E-mail:

Contact details (*please print name*):

Title: Initial: Surname:

Job Title:

Type of School: Secondary Grammar Special

Total Number of Pupils in Key Stage 4:

Has the school participated in any previous phases of the Flexibility Initiative: Yes/No

If the answer is yes, please indicate which Phase/or Year

Please note that any additional information should be provided on a separate sheet and reference made to the relevant heading.

THIS AREA FOR DEPARTMENT OF EDUCATION (DE) USE ONLY.

DE file reference number for Phase 6:

Previous reference number/s:

SECTION 1

Number of Pupils to Disapply in Phase 6:

| Year | Boys | Girls | Total |
|-------------|----------------------|----------------------|----------------------|
| 11 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12* | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Please do not include pupils who received approval in Phase 5

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? Yes/No

Please give details.

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Have the pupils chosen to participate? Yes/No

Please give details.

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Have the 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 including the range of courses to be followed.

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Is there a clear focus on the Key Skills – Communication, Application of Number and ICT? Yes/No

Please give details.

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Have you planned how you will evaluate the programme? Yes/No

Please give details.

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Has the programme been prepared in consultation with your Education and Library Board? Yes/No

Name of Board Contact:

SECTION 2

Provision made with Further Education Sector

Name of FE College:

Address:

Attendance:

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Name of recognised and approved qualifications for each cohort of pupils:

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Provision made with Training Organisation

Name of Organisation:

Address:

Attendance:

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Name of recognised and approved qualifications for each cohort of pupils:

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

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Details of child protection arrangements in place.

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Signature of Nominated Contact:

Name of Principal *(please print):*

Signature of Principal:

Date of Application:

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.