School Leaver Information Form

Complete this form just before you leave school, so that we can record the date you are going to leave school and your leaving plans such as employment, further study, volunteering or training.

YOUR CONTACT DETAILS:							
NAME:							
DATE OF BIRTH:	DD/MM/YYYY						
ADDRESS: If you are moving away from the area for reasons other than study or employment, please note that here							
EMAIL:							
PHONE:							
SCHOOL INFORMAT	ION:						
CURRENT YEAR:		S3	S4	S5	S6		
GUIDANCE TEACHER	k: (
WHAT DATE ARE YOU LEAVING SCHOOL?			DD/MM	/YYYY			
YOUR OFFER: Use this section to provide further detail about your next steps							
Do you have a c volunteering c	lefinite offe or other opp	er of further learning portunity when you	g, employment, leave school?	Yes	No		
If yes, please tick a box below. E.g. you may be studying							
Full-time employment of		or more each week	Part-time er	nployment nployment less than 1	.6 hours each week		
Higher Education— This includes degree, HNC/H			11() •	cation—College egree, HNC/HND leve	study at a College		
Further Education To SVQs, Vocational courses Higher				help you to develop or to access further lea			
Gap Year or time out to travel If you will be undertaking volunteering or employment during your time out then record this as volunteering or employment Personal & Skills Development This includes activities to improve skills if you require support services for health reasons which are a current barrier to engaging in education, employment or training							
Self-employment	Ар	prenticeship	Volunteerin	g I'm	not sure		

	r new employer, your place of study, your training provide er opportunity.	r or
NAME AND ADDRESS:		
WHEN IS YOUR START DATE*: DD/MM/YY	*If you are unsure about an exact start date put the near you think it might be. If you are starting Further Education after Summer use 1 September + year. If you are starting Higher Education Summer use 30 September + year.	
IF EMPLOYMENT WHAT IS YOUR JOB TITLE:		
IF FURTHER STUDY OR TRAINING WHAT IS THE NAME OF YOUR COURSE OR TRAINING PROGRAMME:		
IS THIS OFFER CONDITIONAL AND DEPENDENT	ON YOUR QUALIFICATIONS:	No
	lunteering, personal & skills development, gap year, movin other plans.	g away or
NAME/TYPE OF ACTIVITY:		
IF YOU'RE UNSURE OR HAVE NO DEFI	NITE PLANS PLEASE NOTE IT BELOW:	
an employer about a job or you may be waiting to hear b	en you leave school. This may be because you're waiting to back from a College application, for example. You may have rades or you may be moving away. Use the space below to	e a
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FURTHER INFORMATION:

Thank you for completing this form. This information will be used by your school and Skills Development Scotland to record your leaving destination. If you feel that you may need some support and guidance once you have left school contact your local Skills Development Scotland Office. The post-school team will be happy to help. Telephone 0800 917 8000