

Application Form

2019 - 2020

Only submit one application. If you need to change anything, please contact **Student Recruitment** on **01509 618375** or **applications@loucoll.ac.uk**



SAP01/1920

Application Form 19/20

1. Personal details – Please complete all fields in BLOCK CAPITALS and remember to use blue or black pen

Surname	<input type="text"/>	Title (Mr/Mrs/Miss/Ms)	<input type="text"/>
Previous Surname(s)	<input type="text"/>	Known As	<input type="text"/>
Forename(s)	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	<input type="text"/>	Tel No (Home)	<input type="text"/>
Home Address	<input type="text"/>	Tel No (Mobile)	<input type="text"/>
	<input type="text"/>	We will text you updates and date reminders, please ensure your mobile number is correct and advise us of any changes immediately to ensure you are kept in the loop.	
Post Code	<input type="text"/>		
Email	<input type="text"/>		

Your e mail address will be used to contact you regarding your application. Please make sure it is correct, written clearly and spam/trash is checked regularly.

If you are under 19 years of age on 31 August 2019, please answer the following questions:

Do you live with your parent(s)/guardian/carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you living in care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you recently left care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when:	<input type="text"/>	
Are you a parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Parent / Guardian Information (We can only discuss application information with this named contact for all under 18 year old students, if you would like more than one contact please include their information too):

Name	<input type="text"/>	Name	<input type="text"/>
Relationship - please state e.g. parent/guardian/carer/other	<input type="text"/>	Relationship - please state e.g. parent/guardian/carer/other	<input type="text"/>
Tel No (Home/Mobile)	<input type="text"/> / <input type="text"/>	Tel No (Home/Mobile)	<input type="text"/> / <input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

3. Please give details of present or last school/college attended (under 19s only)

Please note a reference form may be sent directly to your school as part of our application process.

Name of school/college

4. Please enter your choices in order of preference:

We will invite you to an event for both course choices (if applicable). If you're applying for our Sixth Form please just write 'A Levels' - we don't need your subject choices yet.

Level: e.g. BTEC, 1, 2 or 3 / A Level

First choice course name (Required)	<input type="text"/>	<input type="text"/>
Second choice course name (Optional)	<input type="text"/>	<input type="text"/>

If you are interested in Apprenticeships please tick this box and we will send you further information.

Please note: we will adjust your course level in accordance with your qualifications and grades entered in section 5

8a. Do you consider yourself to have any of the following?

(please tick appropriate box – this information will help us to support you)

None of the below apply to me (00)	<input type="checkbox"/>	Other physical disability (93)	<input type="checkbox"/>	Severe learning difficulty (11)	<input type="checkbox"/>
Visual impairment (04)	<input type="checkbox"/>	Other disability (97)	<input type="checkbox"/>	Autism Spectrum Disorder (14)	<input type="checkbox"/>
Hearing impairment (05)	<input type="checkbox"/>	Other medical condition (95)	<input type="checkbox"/>	Asperger's Syndrome (15)	<input type="checkbox"/>
Disability affecting mobility (06)	<input type="checkbox"/>	Profound complex disabilities (07)	<input type="checkbox"/>	Other specific learning difficulty (94)	<input type="checkbox"/>
Dyslexia (12)	<input type="checkbox"/>	Social and emotional difficulties (08)	<input type="checkbox"/>	Other learning difficulty (96)	<input type="checkbox"/>
Dyscalculia (13)	<input type="checkbox"/>	Mental health difficulty (09)	<input type="checkbox"/>	Prefer not to say (98)	<input type="checkbox"/>
Temporary disability after illness or injury (16)	<input type="checkbox"/>	Moderate learning difficulty (10)	<input type="checkbox"/>		

If you have ticked more than one of the boxes above please tell us what you think your primary need will be (the one which may require more support). Please state your need or the corresponding number.

Do you currently receive additional support at school/college (for your studies or examinations)? Yes No

If YES, please tell us what support you have previously received below: Yes No

Based on the above, would you like us to contact you to arrange additional support at Loughborough college? Yes No

8b. Do you have any medical conditions? Yes No

Please give a brief description below:

Are you happy for us to contact you if we need any further information about your medical condition? Yes No

9. Criminal Convictions

Do you have any unspent* criminal convictions? Yes No

* If you are applying for a course in health, social work, sport, childcare, or involving work with children or vulnerable adults, then a satisfactory Enhanced Disclosure and Barring Service Report will be required. Previous criminal convictions may affect your ability to attend work placements and complete your programme.

If you declare that you have a conviction, you will be asked to complete a separate information sheet. This is to help us assess any potential risk to yourself or others in the College. Having a criminal record will not necessarily prevent you from studying at College but that will depend on the programme you choose and the circumstances and background of the offence. If you do not disclose a relevant conviction, which is ultimately discovered, this could result in you being excluded from the College.

Data Protection Statement

Loughborough College collects data about all applicant learners for various administrative, academic, health and safety, contractual and other public interest reasons. Your application data is shared only with those agencies who may be specifically involved with funding, or accrediting your qualification, concerned with collecting fees or with ensuring your wellbeing and vital interests or as otherwise required by law. Since Loughborough College cannot operate its admissions process effectively without processing information about you, we need you to sign the Student Application Form below.

If you do not agree to this, we will be unable to contact you to discuss your preferred programme of study, and may withdraw any offers already made. Loughborough College will only share your information where it is legally allowed to do so, or required in line with current Data Protection legislation. For circumstances outside of this legislation, we would seek your written consent before sharing your information

FYI: All Loughborough College Privacy Notices can be found at: <https://www.loucoll.ac.uk/documents-and-policies>

Signed: (Applicant)

Date:

Please send this form by post to:
Student Recruitment, Loughborough College,
FREEPOST LE5457,
Radmoor Road,
Loughborough,
LE11 0BR

or by email to

applications@loucoll.ac.uk

For the most up to date information about the College and the programmes we offer, please visit our new website at www.loucoll.ac.uk

Loughborough College is committed to providing equal opportunities for all its learners.

For Office Use Only:

Date Received:

Student ID Ref:

Reference Requested:(if under 18)

Fee Assessment Needed: