

Application Form

2017 - 2018

Loughborough
COLLEGE est. 1909

You can download guidance on completing this form from our website: www.loucoll.ac.uk

Only submit one application. If you need to change anything, please contact **Student Recruitment** on **01509 618375**



SAP01/1718

Application Form 17/18

1. Personal details – Please complete all fields in BLOCK CAPITALS

Surname	<input type="text"/>	Title (Mr/Mrs/Miss/Ms)	<input type="text"/>
Previous Surname(s)	<input type="text"/>	ULN, if known	<input type="text"/>
Forename(s)	<input type="text"/>	Known As	<input type="text"/>
Date of Birth	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address	<input type="text"/>	Tel No (Home)	<input type="text"/>
	<input type="text"/>	Tel No (Mobile)	<input type="text"/>
Post Code	<input type="text"/>	Your mobile number will be used to contact you regarding your application	
Email	<input type="text"/>		

If you are under 19 years of age on 31 August 2017, 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. Contact details in case of emergency:

Name	<input type="text"/>		
Relationship - please state e.g. parent/guardian/carer/other	<input type="text"/>		
Tel No (Home)	<input type="text"/>	Tel No (Mobile)	<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	<input type="text"/>
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4. Please enter your programme choices in order of preference:

Programme (first choice)	<input type="text"/>	Level	<input type="text"/>
Programme (second choice)	<input type="text"/>	Level	<input type="text"/>
Are you interested in Apprenticeships?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

10. How would you define your sexual orientation? (please tick appropriate box – this information will help us to support you)

Heterosexual Bisexual Homosexual Prefer not to say

11a. 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"/>	

What do you think your primary need will be when in College to support your academic progress?

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

Do you think you may still need this level of support? Yes No

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

Based on the above would you like to access additional support at College? Yes No

11b. Do you have any medical conditions? Yes No

Please give a brief description below:

12. 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 uses this application form to collect information about you for administrative, academic and health and safety reasons. This information may be shared with other government and educational organisations for the purposes of administration, careers and other guidance. Other organisations that we will share information with include organisations performing research and statistical work on behalf of Loughborough College or its partners.

The Data Protection Act 1998 requires you to sign the following 'consent to process' clause and agree to the following statement.

I agree to Loughborough College processing personal data, including data about my ethnicity, criminal convictions, learning difficulties, disabilities and medical conditions that the College obtains from me or other parties. I agree to the processing of such data for any purposes connected with my application, my health and safety or any other legitimate reason.

Signed: (Applicant)

Date:

Parent/Guardian/Carer's Name

(if under 18)

Parent/Guardian/Carer's Signature:

(if under 18)

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: