Application Form 2024 - 2025



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

Name of school/college



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

Surname				Title (Mr/Mrs/Miss/Ms/Mx	()
					·
Previous Surname(s)				Known As	
Forename(s)				Gender	
ate of Birth				Tel No (Home)	
lome Address				Tel No (Mobile)	
				We will text you updates a ensure your mobile numbe	nd date reminders, please r is correct and advise us o
	Post Code				to ensure you are kept in th
Email					
			act you regarding your app early and spam/trash is ch	olication. necked regularly. PLEASE DO NOT U	JSE SCHOOL EMAILS.
f you are under	19 years of age	e on 31 August :	2024, please answ	er the following question	ns:
am a young carer (un	ider 18) Yes	No	_	rrently being accommodated e local authority	Yes No
am a young parent (u	under 18) Yes	No		ing with foster carers)	
am a care leaver*	Yes	No	authority fo	aged 25 and under, who has been or at least 13 weeks since the age e local authority at school-leaving	of 14; and who was looked
2. Parent / Guard	dian Informatio	on			
	annlication informati	ion with this named	contact(s) for all under 18		ke more than one
		00):		3 year old students, if you would li	ke more than one
We can only discuss a contact please include		00):	Name	s year old students, ir you would li	Ke more than one
ontact please include	their information to	00):	Name Relationship	p - please state /guardian/carer/other	Ke more than one
ontact please include Name Relationship - please s	their information to	00):	Name Relationship	p - please state /guardian/carer/other	Re more than one
ontact please include Name Relationship - please s .g. parent/guardian/c	their information to	00):	Name Relationship e.g. parent/	p - please state /guardian/carer/other me	Re more than one
Relationship - please si Relationship - please si r.g. parent/guardian/ca	their information to	00):	Name Relationshij e.g. parent/ Tel No - Hoi	p - please state /guardian/carer/other me	Re more than one
Relationship - please singly parent/guardian/ca	their information to	00):	Name Relationship e.g. parent/ Tel No - Hoo Tel No - Mo	p - please state /guardian/carer/other me	Re more than one
contact please include Name Relationship - please s .g. parent/guardian/ca rel No - Home rel No - Mobile Email	tate arer/other		Name Relationship e.g. parent/ Tel No - Hoo Tel No - Mo	p - please state /guardian/carer/other me bile	Re more than one

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. Please note: we will adjust your course level in accordance with your qualifications and grades entered in section 5 **Second Choice First Choice** Course name Course name (optional) (required) Level: e.g. Level: e.g. BTEC, 1, 2 or 3 BTEC, 1, 2 or 3 / A Level / A Level If you are interested in Apprenticeships please tick this box and we will send you further information. 5. Please list all qualifications achieved to date and any with results pending NOTE: It is very important that you include all your predicted grades for future examinations not yet undertaken. If you do not provide us with any grades or predicted grades this will delay your application. Date of Exam School / College Level (E.g GCSE) Subject Predicted Grade Actual Grade (if known) 6. Have you lived in the UK for the last 3 years? In which country do you What is your nationality? normally live? If you are, or have been, living outside of the UK, please state your date of entry into the UK Please indicate your Leave to enter as a student British Citizen Exceptional leave to remain current status in the UK Leave to enter as a visitor EU Citizen Indefinite leave to remain (please tick appropriate box) Asylum Seeker Leave to enter to accompany husband/wife Discretionary leave to remain Refugee Leave to accompany parent Work Permit Holder Settled Status The information provided in this section may require completion Pre-Settled Status of a fee status assessment. **Humanitarian Protection** 7. How would you describe your ethnic origin? (please tick appropriate box - this information will help us to support you) Arab (47) Black/Black British - African (44) White - British (31) Asian/Asian British - Bangladeshi (41) Black/Black British - Caribbean (45) White - Irish (32) Asian/Asian British - Indian (39) Black/Black British - other (46) White - other (34) Asian/Asian British - Pakistani (40) Mixed - White and Asian (37) White - Gypsy or Irish traveller (33) Asian/Asian British - Other (43) Mixed - White/Black African (36) Other (98) Asian/Asian British - Chinese (42) Mixed - White/Black Caribbean (35) Prefer not to say (99) Mixed - Any other background (38)

8a. Do you consider yourself to have	any of the follo	owing?			
(please tick appropriate box - this information will	help us to support ye	rou)			
None of the below apply to me (00)	Other physical disal	bility (93)	Severe learning difficu	Ity (11)	
Visual impairment (04)	Other disability (97)		Autism Spectrum Disc	order (14)	
Hearing impairment (05)	Other medical cond	dition (95)	Asperger's Syndrome	(15)	
Disability affecting mobility (06)	Profound complex of	disabilities (07)	Other specific learning	difficulty (9	4)
Dyslexia (12)	Social and emotion	al difficulties (08)	Other learning difficul	ty (96)	
Dyscalculia (13)	Mental health difficu	ulty (09)	Prefer not to say (98)		
Temporary disability after illness or injury (16)	Moderate learning o	difficulty (10)			
If you have ticked more than one of the boxes	above please tell u	ıs what you think your prima	ry need will be		
(the one which may require more support). Please					
Do you currently receive additional support at scho	ool/college (for your	studies or examinations)?		Yes	No
If YES, please tell us what support you have previous	usly received below:				
Based on the above, would you like us to contact y	ou to arrange addition	onal support at Loughborough	college?	Yes	No
8b. Do you have any medical condition. Please give a brief description below:	ons? Yes	No			
Are you happy for us to contact you if we need any	y further information	about your medical condition	·	Yes	No
8c. Do you have an EHCP?	Yes	No			
If yes, can you provide details?					
9. Criminal Convictions					
Do you have any unspent* criminal convictions?	Yes	No			
* If you are applying for a course in health, social w Enhanced Disclosure and Barring Service Report w 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.

10. Data Protection Statement

Loughborough College collects data about all learners for various administrative, academic, health and safety, contractual and other public interest reasons. Your data is shared only with those agencies specifically involved with funding or accrediting your qualification, concerned with collection of fees, promoting student welfare or with ensuring your wellbeing and vital interests or as otherwise required by law.

Since we cannot operate the College effectively without processing information about you, we need you to sign the Student Application Form below. If you do not agree to the above, we will be unable to contact you to discuss your preferred programme of study; will be unable to enrol you on a programme, and may withdraw any offers already made. Loughborough College will only share your information where legally allowed or required in line with current Data Protection legislation. For circumstances outside of this legislation, we will seek your written consent before sharing your information.

FYI: All Loughborough College Privacy Notices can be found at: 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 OBR

or by email to admissions@loucoll.ac.uk

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

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

For Office Use Only:	
Date Received:	
Reference Requested: (if under 18)	
Student ID Ref:	
Fee Assessment Needed:	

