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| Sense Logo  Connecting sight, sound and life |

Sense College Loughborough

Application Form

Please complete and return to the address on the back page.

# Student details

|  |  |
| --- | --- |
| First name: | Middle name(s): |
| Surname/Family name: | Date of Birth: |
| Permanent home address: | |
| Pathway (if known): | Start date: |
| If you are applying for Sense support into Loughborough College, please state the course title and level:  Please tick if you have already applied for a Loughborough College course | |

# Emergency contact information

|  |  |
| --- | --- |
| Name: |  |
| Relationship to student: |  |
| Address: | Tick here if same address as student |
| Telephone number: |  |
| Mobile number: |  |
| Email address: |  |
| **Additional emergency contact** | |
| Name & phone number: |  |
| Relationship to student: |  |

# Ethnicity – required for equal opportunities monitoring purposes only

|  |  |
| --- | --- |
| White | |
| English / Welsh / Scottish / Northern Irish / British | Irish |
| Roma / Gypsy / Traveller | Any other white background |
| Mixed/Multiple ethnic group | |
| White and Black Caribbean | White and Black African |
| White and Asian | Any other mixed/multiple ethnic background |
| Asian/Asian British | |
| Indian | Pakistani |
| Bangladeshi | Chinese |
| Any other Asian background | |
| Black/African/Caribbean/Black British | |
| African | Caribbean |
| Any other Black/African/Caribbean background | |
| Other | |
| Arab | Any other ethnic group |
| Not known/not provided |  |

# Disability and other medical conditions

|  |  |  |
| --- | --- | --- |
| Principal disability: |  | |
| Please state nature of disability below. Please include any other impairment/medical conditions that you feel we should be made aware of: | | |
|  | | |
| Please tick if the below are relevant: | | |
| Blind or visually impaired | | Yes  No |
| Hearing loss or impairment | | Yes  No |
| Learning disability | | Yes  No |
| Epilepsy | | Yes  No |
| Diabetes | | Yes  No |

# Education history

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Schools & colleges attended since the age of 11 | | | | | |
| From | **To** | **Name of school/college** | | | |
|  |  |  | | | |
|  |  |  | | | |
|  |  |  | | | |
| Qualifications attained: | | | | | |
| Subject | **Examining body** | **Level** | | **Results/predicted results** | **Date** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| Please provide copies of certificates/evidence of qualifications. | | | | | |
| As part of this application, we will contact school to request additional information. Please provide details for the best person to contact: | | |  | | |
| Please tick here if you consent to Sense checking the Learning Records Service for previous exam results. | | | | | |

# Please use this space to add any further relevant information which you feel may be important when considering this application.

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Please note that the information given in your application form will be held on a computer and shared with the relevant departments at Sense College and Loughborough College (if relevant). If it is appropriate we may share information with other areas of Sense to help improve the quality of our service to people with disabilities.

I agree to Sense College/Loughborough College processing my personal data contained in this form, or any other data the college may obtain from me or other people. I agree to the processing of such data for any purpose connected with my studies, my health and safety whilst on the premises, or for any legitimate reason.

|  |  |
| --- | --- |
| Signature: | Date: |

If the applicant is under the age of 18, or unable to sign, this form should be signed by a parent, carer or guardian.

# Marketing information

|  |  |
| --- | --- |
| Where did you hear about Sense College Loughborough? Please tick all that apply: | |
| Teacher/Lecturer | Please specify: |
| Friend/Relative | Please specify: |
| Careers Adviser | Please specify: |
| Exhibition | Please specify: |
| Publication/Advert | Please specify: |
| Social Worker | Please specify: |
| Natspec website | Please specify: |
| Sense website | Please specify: |
| Internet search | Please specify: |
| Other | Please specify: |

## Please return the completed application form to:

**Sense College Loughborough  
Referrals and Admissions Department  
Radmoor Road  
Loughborough  
Leicestershire  
LE11 3BS**

If you require any help with completing this application, please contact us through the details shown below:

**Tel: 01509 61 10 77**

**Fax: 01509 23 20 13**

**Email:** [**EnquiriesLoughborough@Sense.org.uk**](mailto:EnquiriesLoughborough@Sense.org.uk)

**Web:** [**https://college.sense.org.uk**](https://college.sense.org.uk)