

Sense College Loughborough

Application Form

Please complete and return to address on back page



Personal Details	
First name:	Middle name(s):
Surname/Family name:	Date of Birth:
Age on 31 st August 2021:	Country of Birth:
Permanent Home Address:	
Town:	
County:	
Postcode:	
Course Area/Title:	Start Date:
Telephone No:	Mobile No:
Email address:	

Country of normal residence (If not UK):				
Have you applied for asylum/refugee status? If yes, please attach the relevant documentation.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you lived in the UK or a member state of the European Union for the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you attended Sense College or Loughborough College before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please give details?				

Nationality, Religion and Ethnic Origin – required for equal opportunities monitoring purposes only

Please state your nationality:

Please tick ethnic origin below:

White

<input type="checkbox"/>	31. English / Welsh/ Scottish / Northern Irish / British	<input type="checkbox"/>	32. Irish
<input type="checkbox"/>	33. Roma / Gypsy / Traveller	<input type="checkbox"/>	34. Any other white background

Mixed / Multiple ethnic group

<input type="checkbox"/>	35. White and Black Caribbean	<input type="checkbox"/>	36. White and Black African
<input type="checkbox"/>	37. White and Asian	<input type="checkbox"/>	38. Any other mixed / multiple ethnic background

Asian / Asian British

<input type="checkbox"/>	39. Indian	<input type="checkbox"/>	40. Pakistani
<input type="checkbox"/>	41. Bangladeshi	<input type="checkbox"/>	42. Chinese
<input type="checkbox"/>	43. Any other Asian background		

Black / African / Caribbean / Black British

<input type="checkbox"/>	44. African	<input type="checkbox"/>	45. Caribbean
<input type="checkbox"/>	46. Any other Black / African / Caribbean background		

Other

<input type="checkbox"/>	47. Arab	<input type="checkbox"/>	98. Any other ethnic group
<input type="checkbox"/>	99. Not known / not provided		

Next of Kin information	
Name:	
Relationship to student:	
Address:	
Town:	
County:	
Postcode:	
Telephone number:	
Mobile number:	
Email address:	

If known, please indicate SENCO, Transition Co-ordinator & Social Worker name and contact details below:
SENCO:
Transition Co-ordinator:
Social Worker:

Disability and other medical conditions	
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Principal Disability:	
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Please state the nature of your young person's disability below. Please include any other impairment/medical conditions that you feel we should be made aware of.

Is your young person blind or partially sighted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

Does your young person have a hearing loss or impairment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

Does your young person have a learning disability?				
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Comment:

Will they need support with their learning disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

Personal 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

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

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 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	
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Consent – for completion by parent/guardian or carer if the applicant is aged under 18

This application by my daughter/son/ward has my full support.

Signature:

Date:

Relationship to applicant:

Address:

Town:

County:

Postcode:

Marketing Information

Please complete for our records

Date _____		
Have you attended this or any other specialist college before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please give course title and dates of attendance:		

Where did you hear about Sense College Loughborough? Please tick all that apply:		
Teacher / Lecturer	<input type="checkbox"/>	Please specify:
Friend / Relative	<input type="checkbox"/>	Please specify:
Careers Adviser	<input type="checkbox"/>	Please specify:
Exhibition	<input type="checkbox"/>	Please specify:
Publication / Advert	<input type="checkbox"/>	Please specify:
Social Worker	<input type="checkbox"/>	Please specify:
Natspec Website	<input type="checkbox"/>	Please specify:
Other	<input type="checkbox"/>	Please specify:
Sense Website	<input type="checkbox"/>	Please specify:
Internet Search	<input type="checkbox"/>	Please specify:

Please return the completed application form to:

Sense College Loughborough
Referrals and Admissions Department
Radmoor Rd
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: enquiries@rnibcollege.ac.uk

Web: www.rnibcollege.ac.uk