

Application for Admission

September 2023



Loreto

sixth form college

The closing date for applications is 13th January 2023

Please use BLOCK CAPITALS and a black pen to complete this form neatly

Personal Details

Please give your full name as shown on your birth certificate or passport

Forename:

Surname:

Date of Birth:

Age on 1st September 2023:

Male: Female:

Address:

Postcode: Home Phone Number:

Your mobile number: Your email address:

Religion: Catholic Parish:

Non-Catholic students should indicate their church membership, if any:

Have you lived in the UK for the last 3 years? Yes: No:

If you were not born in the UK when did you come to live here

Nationality Have you applied to the College before?

Education

Please list all the schools/Colleges you have attended:

	Date from:	Date to:
Primary schools:	/	/
Secondary schools:	/	/
Colleges:	/	/

Please list the subjects you would like to study and the qualification (A Level, BTEC, GCSE etc):

Subject/Course:	Qualification:
_____	_____
_____	_____
_____	_____
_____	_____

What career are you considering?.....

Education continued

Other applications: If you are applying elsewhere, please list the Colleges (including Loreto) in order of preference:

First choice:	
Second choice:	
Third choice	

Declaration of Learning Difficulty/Disability

Loreto College is committed to ensuring that students with learning difficulties and disabilities are treated fairly. In order to ensure that appropriate support can be offered by the College, could you please answer the following questions.

Do you have a disability, learning difficulty or medical condition? Yes: No:

If yes please give details below

Visual Impairment		Moderate Learning Difficulty		Other Physical Disability	
Hearing Impairment		Severe Learning Difficulty		Other Learning Difficulty	
Disability affecting mobility		Dyslexia		Other Medical Condition	
Profound Complex Disabilities		Dyscalculia		Temporary Disability after illness	
Social/Emotional Difficulties		Autism Spectrum Disorder		Other Disability	
Mental Health Difficulty		Asperger Syndrome		Prefer not to say	

If you have ticked one of the boxes above please give more details of your disability/learning difficulty or medical condition:

.....

Would you like to be contacted to discuss? Yes: No:

Residency

Residency - If you were NOT born in the UK please indicate your current residential status in the UK:

British Citizen: Asylum Seeker: Refugee: Indefinite/limited leave to remain:

If limited leave, what is the date of expiry of your Visa:

Emergency Contact/Next of Kin Details

For correspondence please give your parent's/carer's title and surname below:

Title: Surname:

Relationship of above person to you:

Their phone number for emergency contact:

Their email address:

Parent's/carer's address (if different to yours):

Ethnicity

Loreto is required by the funding bodies to return the ethnic origin for each student as part of the Individual Learner Record return. The information will be used as statistical data only and will be treated in confidence. Please tick appropriate box below.

- | | | | |
|--|--|--|--|
| 31. English/Welsh/Scottish/
Northern Irish/British <input type="checkbox"/> | 35. White & Black Caribbean <input type="checkbox"/> | 39. Indian <input type="checkbox"/> | 44. African <input type="checkbox"/> |
| 32. Irish <input type="checkbox"/> | 36. White & Black African <input type="checkbox"/> | 40. Pakistani <input type="checkbox"/> | 45. Caribbean <input type="checkbox"/> |
| 33. Gypsy or Irish Traveller <input type="checkbox"/> | 37. White & Asian <input type="checkbox"/> | 41. Bangladeshi <input type="checkbox"/> | 46. Any other Black/African/Caribbean <input type="checkbox"/> |
| 34. Any other white background <input type="checkbox"/> | 38. Any other mixed/multiple
ethnic background <input type="checkbox"/> | 42. Chinese <input type="checkbox"/> | 47. Arab <input type="checkbox"/> |
| | | 43. Any other Asian <input type="checkbox"/> | 98. Any other ethnic group <input type="checkbox"/> |

To be completed by the school

PLEASE COMPLETE THE ESTIMATED GRADE/RESULT SECTION UNDER 'EXAMINATIONS'

	% if Known	V Good	Good	Fair	Poor	Comment
ATTENDANCE:	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 95%; height: 25px;" type="text"/>
PUNCTUALITY:	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 95%; height: 25px;" type="text"/>
CONDUCT:		<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 95%; height: 25px;" type="text"/>
APPLICATION:		<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 25px; height: 25px;" type="checkbox"/>	<input style="width: 95%; height: 25px;" type="text"/>

Have you completed or checked the estimated grades in the Examinations section?

Yes: No:

Is the applicant's choice appropriate?

Yes: No:

Does the applicant have an EHC Plan?
(if yes please give details below)

Yes: No:

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Are there any aspects of the applicant's health which you feel should be brought to our attention? (if yes please give details below)

Yes: No:

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Is the applicant a Looked After Child?

Yes: No:

Do you need to discuss any matters in confidence with the College before a decision is made on the application? (please provide an email address)

Yes: No:

Please give any additional information which you feel may be helpful in considering this application and proposed course:

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Name of referee:		Job Title:	
Signature:		Date:	

It is a condition of admission to a programme of study that the applicant has accurately presented all the relevant facts in their application. The College retains the right to withdraw an offer of a place or terminate the registration of a student should it subsequently come to light that the information provided by an applicant in support of their application was inaccurate. Also, should matters come to light that would be deemed contrary to the College's mission or to the statutory, safeguarding or contractual duties to its staff or students, the offer of a College place will be withdrawn.

For office use only:

Date Received:		Level:	
		Hall:	