



XAVERIAN COLLEGE

APPLICATION FOR ADMISSION IN SEPTEMBER 2012

Please complete pages 1 - 3. Make sure you and a parent/guardian sign the form on page 3 then hand the completed form to your Head teacher for your reference. **The closing date for applications is Friday 13th January 2012.**

PERSONAL DETAILS

Surname: Forename(s) Male Female

Date of Birth: Country of Birth: Age on 1st September 2012:

Have you lived in the UK for the last three years? Yes/No. What is your Nationality?

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

If you are Catholic what is your Parish? Have you applied to this college before? Yes/No

PERSONAL CONTACT DETAILS

Home Address:
 Postcode:

Home Telephone Number: Mobile Number:

E-mail Address:

EMERGENCY CONTACT DETAILS

In the case of an emergency who should college contact?

What is this person's phone number? What is their relationship to you:

For Correspondence please give your parents/guardians title and name(s):

Please give their address if it is different from yours:

YOUR EDUCATION

Please list ALL schools/ colleges you have attended

| | Date from | - | Date to |
|--------------------------|-----------|---|---------|
| Primary Schools: | | | |
| Secondary Schools: | | | |
| Colleges: | | | |

YOUR CAREER

Please list the subjects you would like to study and at which level (AS, BTEC National or First, GCSE etc)

| SUBJECT/COURSE | LEVEL | SUBJECT/COURSE | LEVEL |
|----------------|-------|----------------|-------|
| 1. | | 3. | |
| 2. | | 4. | |

What career are you considering:

For Office Use Only:

| Date Received | Category | Date | Reason Not | Ack Letter | ST / CA | Int 1 | Time | G & T | Level 2 |
|---------------|----------|------|-------------|------------|---------|-------|------|-------|---------|
| | | | Punctuality | | | | | | |
| | | | Attendance | | | | | Found | NHS |
| | | | Conduct | | | | | | |

ETHNICITY – Xaverian College is asked by the Young Peoples Learning Agency to return the ethnic origin for each student as part of the Individual Student Record return. The information provided will be used as statistical data only and will be treated with the utmost confidence. **Please tick one box below to show your ethnicity.**

| | | | | | | | | | | | | |
|----------------------------------------------|-----------------------------------------------|--------------------------|----|------------------------|--------------------------|----|----------------------------------------------|--------------------------|----|--------------------------------------------|--------------------------|----|
| White | British/English/Welsh/Scottish/Northern.Irish | <input type="checkbox"/> | 31 | Irish | <input type="checkbox"/> | 32 | Gypsy/Irish Traveller | <input type="checkbox"/> | 33 | Any Other White Background | <input type="checkbox"/> | 34 |
| Mixed/Multiple Ethnic Group | White + Black Caribbean | <input type="checkbox"/> | 35 | White + Black African | <input type="checkbox"/> | 36 | White + Asian | <input type="checkbox"/> | 37 | Any other Mixed/Multiple ethnic background | <input type="checkbox"/> | 38 |
| Asian/Asian British | Indian | <input type="checkbox"/> | 39 | Pakistani | <input type="checkbox"/> | 40 | Bangladeshi | <input type="checkbox"/> | 41 | Chinese | <input type="checkbox"/> | 42 |
| | Any other Asian Background | <input type="checkbox"/> | 43 | | | | | | | | | |
| Black/African/Caribbean/Black British | African | <input type="checkbox"/> | 44 | Caribbean | <input type="checkbox"/> | 46 | Any other Black/African/Caribbean background | <input type="checkbox"/> | 46 | | | |
| Other Ethnic Group | Arab | <input type="checkbox"/> | 47 | Any other ethnic group | <input type="checkbox"/> | 98 | Not known/not provided | <input type="checkbox"/> | 99 | | | |

DISABILITY - Xaverian College is committed to ensuring that disabled people, including those with learning difficulties, are treated fairly. All reasonable adjustments to provision will be made to ensure that disabled students and other disabled people are not substantially disadvantaged.

Do you have a disability? Yes No if Yes please give further details below – (*please do not tick visual impairment if your sight is corrected by glasses or contact lenses)

| | | | | | | | | |
|-------------------------------|--------------------------|----|------------------------------------|--------------------------|----|-------------------------------|--------------------------|----|
| Visual Impairment * | <input type="checkbox"/> | 01 | Other medical condition | <input type="checkbox"/> | 05 | Profound/complex disabilities | <input type="checkbox"/> | 09 |
| Hearing impairment | <input type="checkbox"/> | 02 | Emotional/behavioural difficulties | <input type="checkbox"/> | 06 | Asperger syndrome | <input type="checkbox"/> | 10 |
| Disability affecting mobility | <input type="checkbox"/> | 03 | Mental ill health | <input type="checkbox"/> | 07 | Multiple disabilities | <input type="checkbox"/> | 90 |
| Other physical disability | <input type="checkbox"/> | 04 | Temporary disability after illness | <input type="checkbox"/> | 08 | Other | <input type="checkbox"/> | 97 |
| Please give details | | | | | | | | |

Do you have any Learning Difficulties? Yes No if Yes please give further details below

| | | | | | | | | |
|------------------------------------|--------------------------|----|------------------------------------|--------------------------|----|-----------------------------|--------------------------|----|
| Moderate learning difficulty | <input type="checkbox"/> | 01 | Other specific learning difficulty | <input type="checkbox"/> | 19 | Other | <input type="checkbox"/> | 97 |
| Severe learning difficulty | <input type="checkbox"/> | 02 | Autism spectrum disorder | <input type="checkbox"/> | 20 | No learning difficulty | <input type="checkbox"/> | 98 |
| Dyslexia | <input type="checkbox"/> | 10 | Multiple learning difficulties | <input type="checkbox"/> | 90 | Not known/info not provided | <input type="checkbox"/> | 99 |
| Dyscalculia | <input type="checkbox"/> | 11 | | | | | | |
| Please give further details | | | | | | | | |

Please give details of any Additional Learning Support you feel you may need:

Please give details of any other aspects of your health which you feel ought to be brought to our notice:

Xaverian College collects information about all our staff and students for various administrative, academic, and health and safety reasons. Because of the Data Protection Act 1998, we need your consent before we can do this. Since we cannot operate the College's admissions procedure effectively without processing information about you, we need you to sign the following **consent to process** clause. If you require any further information about this, please contact the Student Admissions Office.

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>, <http://www.ypla.gov.uk/privacy.htm> and <http://www.learningrecordservice.org.uk/documentlibrary/documents/Code-of-Practice-for-Sharing-of-Personal-Information.htm>.

All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes. **I understand that my data will be disclosed to appropriate government organisations and that I may be contacted directly by the College or by these organisations.**

Signed by applicant: **Date:**

Signed by applicant's parent or guardian: **Date:**

To be Completed by the School

(If you are sending your own reference form please ensure it includes all the information asked for below)
Please complete the appropriate boxes below and comment if necessary. Thank You

| | % for 10/11 Academic Year | % of Unauthorised absences/lates in the 10/11 Academic year | % from September 2011 to date | If attendance or punctuality is poor are there any exceptional circumstances for the absences or lateness? | |
|-------------|------------------------------------------|-------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Attendance | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Punctuality | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| | V Good | Good | Fair | Poor | Comments |
| Conduct | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Application | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Have you completed or checked the estimated grades for the student in the Examinations table on page 2?

Yes/No - If no please give reasons below

Is the applicant's choice appropriate?

Yes/No - If no please give reasons below

Are there any aspects of the applicant's health which you feel should be brought to our attention?

Yes/No - If yes please give details below

Is the applicant a Looked After Child?

Yes/No - If yes please give details below

Does the applicant need any Additional Learning Support?

Yes/No - If yes please give details below

Do you need to discuss any matters in confidence with the college?

Yes/No - If yes please give your contact details

Is the applicant on the Gifted and Talented Register?

Yes/No

Does the applicant have a statement of special Educational Needs? Yes/No

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

Name of Referee: Designation:

Signature: Date:

E-mail Address:

Thank you for providing this information. Please forward the completed form to:

**The Admissions Office
Xaverian College
Lower Park Road
Manchester
M14 5RB**

Phone: 0161 224 1781

Fax: 0161 248 9039

e-mail: admissions@xaverian.ac.uk

Web site: www.xaverian.ac.uk If you require a large print application form please contact the Admissions Office
The closing date for the form arriving at the College is Friday 13th January 2012