



## APPLICATION FOR ADMISSION IN SEPTEMBER 2024

The closing date for applications is Friday 19<sup>th</sup> January 2024

**Personal Details** Please give your full name as shown on your **birth certificate** or **passport**. Print clearly.

**Surname:** ..... **Forename(s)** .....

Date of Birth: ..... Age on 1<sup>st</sup> September 2024: ..... Legal Gender: Male  Female

Country of Birth: ..... Nationality: .....

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

If you were not born in the UK, what date did you come to live here? .....

If you are Catholic what is your Parish? ..... Have you applied to this college before? .....

Home Address: .....

..... Postcode: .....

Home Phone Number: ..... Your Mobile Number: .....

Your personal e-mail Address (must be included):.....

### Emergency Contact Details

Name of Parent/Carer: ..... What is their relationship to you? .....

Parent/Carer phone number: ..... Parent/Carer email address: .....

Please give their address if it is different from yours: .....

### Education

Please list all the schools / colleges you have attended: Date from - Date to

Primary Schools: ..... .....

Secondary Schools: ..... .....

Colleges: ..... .....

### Subject Choices

Please list the subjects you would like to study, in order of preference, and the qualification (A-Level, BTEC, etc.)

Subject/Course	Qualification
1.	
2.	
3.	

**What career are you considering:** .....

S	Y	2	4				
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For Office Use Only:

Date Received

Category	Date

PM/CA	G & T	Level 2
	Found	ALS

## Disability and Health

Xaverian College is committed to ensuring that students with learning difficulties and disabilities are treated fairly.

Do you have a disability, learning difficulty or health condition?

Yes  No

Visual Impairment *	Other Learning difficulty	Disability affecting mobility
Hearing impairment	Autism spectrum disorder	Other Disability
Mental Health Difficulty	Dyslexia	Temporary disability after illness
Social/emotional difficulties	Dyscalculia	Other Physical Disability
Moderate learning difficulty	Other specific learning difficulty (e.g. dyspraxia)	Other Medical Condition (e.g. Asthma, Epilepsy – please state below)

(\*you do not need to tick if mild vision loss is corrected by glasses/lenses)

If **Yes** please tick the relevant boxes and give further details below regarding the support or adjustments you need in college:

.....

.....

## Residency

If you were **not** born in the UK, please indicate your current residential status in the UK:

British Citizen  EU Pre-settled Status  Indefinite Leave to remain in the UK

Asylum Seeker  EU Settled Status  Limited Leave to remain in the UK

Refugee

If Limited Leave, what is the date of expiry for your Visa: \_\_\_\_\_

## Ethnicity

Xaverian College is asked by the Skills Funding Agency to return the ethnic origin for each student. The information provided will be used as statistical data only and will be treated with the utmost confidence. Please tick one box below:

### White

31-English/Welsh/Scottish Northern Irish/British

32-Irish

33-Gypsy/Irish Traveller

34-Any other White background

### Mixed/Multiple Ethnic Group

35-White + Black Caribbean

36-White + Black African

37- White + Asian

38-Any other Mixed/Multiple ethnic background

### Asian/Asian British

39-Indian

40-Pakistani

41-Bangladeshi

42-Chinese

43-Any other Asian Background

### Black/African/Caribbean Black British

44-African

45-Caribbean

46-Any other black/African/Caribbean background

### Other Ethnic Group

47-Arab

98-Any other ethnic group

If any of your close family have attended Xaverian please give name(s) and leaving date(s):

.....

Do you live independently? Yes  No

If you are a Young Carer for a family member please give details: .....

It is a condition of admission to a programme of study that the candidate has accurately and truthfully 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, incomplete or a misrepresentation of the applicant's academic, social or other achievements. Also, should matters come to light that would be deemed, having conducted a standard college risk assessment, to run counter to Xaverian College's Mission, statutory, safeguarding or contractual duties to its staff or students, the offer of a college place will be withdrawn

**Examinations – estimates and results:**

Please list below all the examinations you have taken and the details of any you will be taking next summer.

Please leave the Grade column for your school to complete 

Date of Examination (e.g. 6/24)	Board	Subject	Level (e.g. GCSE/ BTEC)	Grade (result or estimate)

Please attach a copy of your certificates or statement of results for **any exams you have already taken.**

**General Information (We encourage students to include a personal statement wherever possible)**

General interests and positions of responsibility (Clubs, teams, music, choir etc.)

.....  
 .....  
 .....

Why have you applied to Xaverian College:

.....  
 .....  
 .....

I agree to Xaverian College processing information as may be necessary for the proper administration of my education and well-being both during, and after, my studies. Such consent is on the provision that proper regard is had to such data protection principles as detailed in the General Data Protection Regulation (GDPR). The College treats your information with all due care and the Data Privacy Policy can be found on the College website. I give permission for my school to provide my reference.

**Signed by applicant:** ..... **Signed by parent or guardian:** .....

**Date:** .....

## To be completed by the school:

Please note that incomplete references will delay a decision on the application.

	% for <b>Year 10</b> (2022-2023)	% of Unauthorised absences/lates in <b>Year 10</b> (2022-2023)	Please give an overall comment (e.g. V Good / Good / Fair / Poor) and any context or circumstances that may have affected this
<b>Attendance</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Punctuality</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	V Good	Good	Fair	Poor	Comments
<b>Conduct</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Effort</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you completed or checked the estimated grades for the student in the Examinations table on page 3?

**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 student have an EHCP, or are they applying for one?

**Yes / No / Applying** - *(If yes/applying, please give details)*

Does the student have any other Learning Support at school?

**Yes / No** - *(If yes, please give details below)*

Do you need to discuss any matters in confidence before a decision is made on the application?

**Yes / No** - *(If yes, please give your e-mail address)*

Do you have any safeguarding concerns about this student before a decision is made on the application?

**Yes / No** - *(If yes, please give your e-mail address)*

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

**Name of Referee:** ..... **Job Title:** .....

**Signature:** ..... **Date:** .....

**E-mail Address:** .....

Please forward this completed form to:

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

Admissions: **0161 249 2145**  
**admissions@xaverian.ac.uk**  
**www.xaverian.ac.uk**