

Sixth Form Student Application Form

Please complete this form in as much detail as possible. We need this information to be able to process the application for the student.

Information that is mandatory for the student to provide is indicated below with a *

Incomplete information may jeopardize or delay the application.

The Student

Surname *	
First Names*	
Preferred Name	
Title*	Date of Birth*
Nationality*	Country of Birth*
Mobile Number*	Email*
Home Country Address*	

Parent/Guardian Information

First Signatory (Parent/Guardian)		
Title* (e.g. Mr, Mrs, Ms)		
Name in full* (please include all names)		
Relationship to student		
Telephone*	Home	Work
Email*		
Address* (including postcode)		
Occupation		

Secondary Signatory (Parent/Guardian)		
Title* (e.g. Mr, Mrs, Ms)		
Name in full* (please include all names)		
Relationship to student		
Telephone*	Home	Work
Email*		
Address* (including postcode)		
Occupation		

If someone other than the first and second signatories is to pay the College fees for the student please provide below their full name and address and their relationship to the student.

Title* (e.g. Mr, Mrs, Ms)		
Name in full* (please include all names)		
Relationship to student		
Telephone*	Home	Work
Email*		
Address* (including postcode)		

Connection to the College

Please mention here the names of any other members of the family attending the College or registered for entry; or any other connection with the College.			
Please indicate how you first heard of the College*			
Online <input type="checkbox"/>	Agent <input type="checkbox"/>	Social Media <input type="checkbox"/>	Advertisement <input type="checkbox"/>
Friend/Family <input type="checkbox"/>	Other (please give details)		

Education History

Please state the name and address of the student's present school *(with dates of attendance)*

Name and address of school*

Dates of attendance*

Please state the name and address of the prior school *(with dates of attendance)*

Name and address of school*

Dates of attendance*

Qualifications taken/achieved with subjects – please attach all transcripts and certificates

Interests

Please outline any of the student's artistic, dramatic, musical or sporting skills or experience
(if applicable)

Please provide details below:

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Please give an outline of the student's other hobbies or interests *(if applicable)*

Please provide details below:

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Course details *(please select)*

A Levels

Two Year A Level Course (September Start) <input type="checkbox"/>	18 months A level Course (January Start) <input type="checkbox"/>
<i>A Level subjects to be studied:</i> <ul style="list-style-type: none"> • Biology <input type="checkbox"/> • Mathematics <input type="checkbox"/> • Sociology <input type="checkbox"/> 	<ul style="list-style-type: none"> • Physics <input type="checkbox"/> • Business <input type="checkbox"/> • Economics <input type="checkbox"/>
	<ul style="list-style-type: none"> • Chemistry <input type="checkbox"/> • Psychology <input type="checkbox"/>

University Foundation Programme

University Foundation Programme (UFP) <i>9-month September Start</i> <input type="checkbox"/>	University Foundation Programme (UFP) <i>6-month Intensive January Start</i> <input type="checkbox"/>
<i>UFP Pathway to be Studied:</i> <ul style="list-style-type: none"> • Business & Finance Sep & Jan <input type="checkbox"/> • Science & Computing Sep only <input type="checkbox"/> 	<ul style="list-style-type: none"> • Law & Humanities Sep & Jan <input type="checkbox"/> • Science Sep only <input type="checkbox"/>

University Foundation Programme

Pearson Edexcel BTEC Level 3 Extended Diploma in Sports Coaching and Development <i>September start</i> <input type="checkbox"/>
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Football Training

Steven Gerrard Academy Football Programme <input type="checkbox"/>
Add to full course <input type="checkbox"/>
Specific dates only <input type="checkbox"/> From: _____ To: _____

If Pre-Sessional lessons required, please complete the details below:

Pre-Sessional General English (15 hours) <input type="checkbox"/>	Pre-Sessional General English PLUS (21hours) <input type="checkbox"/>	Pre-Sessional General English IELTS (21 hours) <input type="checkbox"/>
Pre-Sessional English <i>Start Date</i>		
Pre-Sessional English <i>End Date</i>		
Pre-Sessional English <i>Number of Weeks</i>		

Accommodation

<p>Does the student require the College to arrange accommodation?</p> <p>*For students under the age of 18; where accommodation is not required, please provide details of where the student will reside and with whom. Any private accommodation arrangements must be approved by our Designated Child Safeguarding Lead</p> <p>Private Accommodation arrangements:</p>	<p>Yes</p> <input type="checkbox"/>	<p>No*</p> <input type="checkbox"/>
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Where accommodation is required, please select from the options below:

<p>HOMESTAY HALF BOARD 41 WEEKS Age 16+</p>	<input type="checkbox"/>
<p>UNIVERSITY RESIDENCE 41 weeks Age 18 +</p>	<input type="checkbox"/>
<p>STEVEN GERRARD RESIDENCE - only available to SGA Football students 39 weeks Age 16+ / Male students only</p> <p><i>Please note that the SGA residence is not open during the 2-week Christmas Break. If you wish to stay in Liverpool over this period you will need to either return home or book 2 weeks of Host Family Accommodation or (if aged over 18) make your own arrangements</i></p>	<input type="checkbox"/>
<p>I wish to book 2 weeks of homestay accommodation over the Christmas break</p>	<input type="checkbox"/>
<p>I will be returning home in the Christmas break</p>	<input type="checkbox"/>
<p>I am aged over 18 and will make my own arrangements in the Christmas Break</p>	<input type="checkbox"/>

Airport Transfers

Do you require an Airport Transfer?	Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If you have answered Yes, please select from the options below		
Manchester Return Transfer	<input type="checkbox"/>	
Liverpool John Lennon Return Transfer	<input type="checkbox"/>	
Any London Airport Return Transfer	<input type="checkbox"/>	
*For students under the age of 18 who do not require a transfer, please indicate how the student will travel from the airport to their accommodation and with whom. Please note that airport transfers are compulsory for students under the age of 18 unless they are travelling with an approved adult.		

Visa (if applicable)

Do you require a Visa to study?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If you answered yes, which visa do you plan to apply for?		

Medical & Special Educational Needs & Disabilities (SEND) (if applicable)

Medical and SEND matters the College should be aware of – please state below
Medical Condition
SEND / SEMH*

*SEND : special educational need and/or disability / SEMH: Social, Emotional and Mental Health

Confidential Information

All information received in this form will be treated in confidence.

Please complete the Confidential Information Section below in order to assist us with making any special arrangements which are required for College visits and / or entrance assessments.*

Please disclose any medical condition, health problem or allergy affecting the student.

Please tick yes or no for each of the below:		
Medical Condition, health problem or allergy	Yes	No
Mental health condition	Yes	No
Learning difficulty	Yes	No
Special educational need	Yes	No
Disability	Yes	No

Safeguarding and child protection

LILA* College is committed to safeguarding and promoting the welfare of students and young people and expects all stakeholders to share this commitment. We have a number of policies and procedures in place that contribute to our safeguarding commitment, including our Safeguarding and Child Protection Policy.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a student's welfare. We will ensure that our concerns about our students are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the student's welfare.

We actively support the measures to counter radicalism and extremism.

The Designated Safeguarding Lead in the College is Laurie Daley. If you have a concern that a child may be at risk of harm you must speak with the Designated Safeguarding Lead immediately.

Declaration

I/We have read and understood how the College will use the information provided on this form and the College's duty to safeguard students.

I / We request that I/the student named above is registered as a prospective student. (*Please delete as applicable)

	First Signatory	Secondary Signatory
Signature*		
Name in full* <i>(please include all names)</i>		
Relationship to the student		
Date*		

ETO/Agent Details

If you have booked through an Education Tour Operator (ETO or agent), please provide full details of the agent here	
ETO Name	
ETO Office Address	
ETO Email	
Date*	

Please return your completed application form to our head of admissions on
college.admissions@lilalovetolearn.com