

# Consent Form for Applicants Under the Age of 18



To be completed by the **Applicant and Parent/Guardian**  
Please complete in **BLACK INK** using **BLOCK CAPITALS**  
and sign name as required.

## SECTION 1: PERSONAL DETAILS

<b>Title:</b>		<b>Forename(s):</b>		<b>Surname:</b>	
<b>UCAS Personal ID:</b>		<b>Course:</b>			

## SECTION 2: APPLICANT DECLARATION

I hereby confirm that I have read and accept the [Principles of Consent outlined in the Policy and Procedure for Students Under the Age of 18 Years](#).

I accept that Loughborough University will not act in loco parentis (assuming parental responsibility).

<b>Signed:</b>		<b>Date:</b>	
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## SECTION 3: PARENT/GUARDIAN DECLARATION

I hereby confirm that I have read and accept the [Principles of Consent outlined in the Policy and Procedure for Students Under the Age of 18 Years](#).

I accept that Loughborough University will not act in loco parentis (assuming parental responsibility).

<b>Title:</b>		<b>Forename(s):</b>		<b>Surname:</b>	
<b>Relationship to applicant:</b>					
<b>Signed:</b>		<b>Date:</b>			

## SECTION 4: TRUSTED CONTACT DETAILS

Please provide trusted contact details for a parent, guardian or carer:

<b>Title:</b>		<b>Forename(s):</b>		<b>Surname:</b>	
<b>Relationship to applicant:</b>					

<b>Address:</b>					
<b>Email:</b>					
<b>Telephone No:</b>					
<b>Mobile No:</b>					

Please ensure this form is completed, and scanned and emailed to [admissions@lboro.ac.uk](mailto:admissions@lboro.ac.uk)