

**Please help us to monitor our Equal Opportunities policy by completing this section.**

I consider my ethnic origin to be:

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi - (11)                | <input type="checkbox"/> Mixed - White and Black African - (20)    |
| <input type="checkbox"/> Asian or Asian British - Indian - (12)                     | <input type="checkbox"/> Mixed - White and Black Caribbean - (21)  |
| <input type="checkbox"/> Asian or Asian British - Pakistani - (13)                  | <input type="checkbox"/> Mixed - any other mixed background - (22) |
| <input type="checkbox"/> Asian or Asian British - any other Asian background - (14) | <input type="checkbox"/> White - British - (23)                    |
| <input type="checkbox"/> Black or Black British - African - (15)                    | <input type="checkbox"/> White - Irish - (24)                      |
| <input type="checkbox"/> Black or Black British - Caribbean - (16)                  | <input type="checkbox"/> White - any other white background - (25) |
| <input type="checkbox"/> Black or Black British - any other Black background - (17) | <input type="checkbox"/> Any Other - (98)                          |
| <input type="checkbox"/> Chinese - (18)   |  |
| <input type="checkbox"/> Mixed - White and Asian - (19)                             |  |

**Do you have a learning difficulty or any specific extra support requirements?**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>No learning difficulty - (97)</b> | <input type="checkbox"/> Other specific learning difficulty - (19) |
| <input type="checkbox"/> Moderate learning difficulty - (01)  | <input type="checkbox"/> Autism spectrum disorder - (20)           |
| <input type="checkbox"/> Severe learning difficulty - (02)    | <input type="checkbox"/> Multiple learning difficulties - (90)     |
| <input type="checkbox"/> Dyslexia - (10)                      | <input type="checkbox"/> Other - (97)                              |
| <input type="checkbox"/> Dyscalculia - (11)                   |  |

If you have a disability or learning difficulty, do you want to discuss your learning needs with a member of staff. Yes  No

**Do you have a disability or any specific extra support requirements?**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>No disability - (98)</b>  | <input type="checkbox"/> Mental health difficulty - (07)   |
| <input type="checkbox"/> Visual impairment - (01)   | <input type="checkbox"/> Temporary disability after illness<br>(for example post-viral) or accident - (08) |
| <input type="checkbox"/> Hearing impairment - (02)  | <input type="checkbox"/> Profound complex disabilities - (09)  |
| <input type="checkbox"/> Disability affecting mobility - (03)                                       | <input type="checkbox"/> Aspergers syndrome - (10)   |
| <input type="checkbox"/> Other physical disability - (04)   | <input type="checkbox"/> Multiple disabilities - (90)  |
| <input type="checkbox"/> Other medical condition<br>(for example epilepsy, asthma, diabetes) - (05) | <input type="checkbox"/> Other - (97)  |
| <input type="checkbox"/> Emotional/behavioural difficulties - (06)                                  |  |

Country of origin:  First language if not English:

Have you been permanently resident in: the UK  for 3 years prior to 1st September 2009? yes  no   
the EU  for 3 years prior to 1st September 2009? yes  no

Please tick your status in the UK: British Citizen  European Union Citizen  Asylum Seeker

Student Visa  Refugee  Recently Settled  Other

Date of entry to the UK (Day/Month/Year) / /

Where did you hear about the course?

**I declare all the information provided on this form is true to the best of my knowledge**

Signed: \_\_\_\_\_ Date: / /

Name: \_\_\_\_\_

**Please return to:**

Harrow College Admissions, Harrow on the Hill campus, Lowlands Road, Harrow, Middlesex, HA1 3AQ  
Telephone: 020 8909 6000 Minicom: 020 8909 6032

# Adult Programme Application Form **Harrow** COLLEGE

All the information you give us is confidential

Student ID:

Programme applied for: \_\_\_\_\_

Date of application: (Day/Month/Year) / /

Campus:

HH  HW

Day  Evening

Last name: \_\_\_\_\_ Mr/Mrs/Miss/Ms: \_\_\_\_\_

First name in full: \_\_\_\_\_ Date of birth: / /

Age on 31st August 2009: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Please State who is intending to pay your fees:

Career Development loan  Yourself  Employer  Other (please specify): \_\_\_\_\_

References: (Please supply at least one)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

**PLEASE NOTE:** The name(s) you supply should be of a friend, employer or professional person but **NOT** a family member

**EDUCATION FROM AGE 11** (please include any English as a Second or Other Language qualifications)

Dates	Establishment (name, town, country)	Qualifications gained (subjects, grades)

**HIGHER EDUCATION / TRAINING**

Dates	Establishment (name, town, country)	Qualifications gained (subjects, grades)

**VOLUNTARY WORK**

Dates	Position Held & Nature of work	Name & Address of Employer
From	To	

**EMPLOYMENT**

Dates	Position Held & Nature of work	Name & Address of Employer
From	To	

**SUPPORTING STATEMENT / EXPERIENCE RELEVANT TO COURSE APPLIED FOR:**

**INTERESTS/HOBBIES:**