

RESIDENCY STATUS

Have you been permanently resident in the UK or EU for three years prior to 31st August 2011?

Yes No

British National:

Indefinite leave to remain:

EU/EEA Resident:

Country of Residence: _____

First Language: _____

Date of Entry to UK/EU/EEA (if applicable): ___ / ___ / _____ (Day/Month/Year)

Visa:

Visa type: _____

Visa Start Date: _____ Visa End Date: _____

Visa Conditions: _____ Visa Reference Number: _____

Nationality: _____

Assessment (office use only)

Home:

Overseas:

Assessed by: _____

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 6046 Minicom: 020 8909 6032 Email: admissionshh@harrow.ac.uk

Course application form 2011 4pp

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 2011: _____

Address: _____

Postcode: _____ How long have you lived at this address?: (Years) (Months)

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

QUALIFICATIONS Please give details of any qualifications already obtained, exams still to be taken or courses completed. Predicted grades to be entered by school/college referee.

Subject or course	Level (GCSE, A Level etc.)	Dates (From/To)	Grade achieved (If course completed)	Grade predicted (If result not yet known)

HIGHER EDUCATION / TRAINING

Dates (From/To)	Establishment (Name, town, country)	Qualifications gained (Subjects, grades)

VOLUNTARY WORK

Dates (From/To)	Position Held & Nature of Work	Name & Address of Employer

EMPLOYMENT

Dates (From/To)	Position Held & Nature of Work	Name & Address of Employer

SUPPORTING STATEMENT / EXPERIENCE RELEVANT TO COURSE APPLIED FOR:

INTERESTS/HOBBIES:

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

I consider my ethnic origin to be:

- | | |
|---|--|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British (31) | <input type="checkbox"/> Pakistani (40) |
| <input type="checkbox"/> Irish (32) | <input type="checkbox"/> Bangladeshi (41) |
| <input type="checkbox"/> Gypsy or Irish Traveller (33) | <input type="checkbox"/> Chinese (42) |
| <input type="checkbox"/> Any Other White Background (34) | <input type="checkbox"/> Any other Asian background (43) |
| <input type="checkbox"/> White & Black Caribbean (35) | <input type="checkbox"/> African (44) |
| <input type="checkbox"/> White & Black African (36) | <input type="checkbox"/> Caribbean (45) |
| <input type="checkbox"/> White & Asian (37) | <input type="checkbox"/> Any other Black / African / Caribbean background (46) |
| <input type="checkbox"/> Any other Mixed / multiple ethnic background (38) | <input type="checkbox"/> Arab (47) |
| <input type="checkbox"/> Indian (39) | <input type="checkbox"/> Any other ethnic group (98) |

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

- | | |
|---|--|
| <input type="checkbox"/> No learning difficulty - (97) | <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"/> No disability - (98) | <input type="checkbox"/> Mental health difficulty - (07) |
| <input type="checkbox"/> Visual impairment - (01) | <input type="checkbox"/> Temporary disability after illness (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 (for example epilepsy, asthma, diabetes) - (05) | <input type="checkbox"/> Other - (97) |
| <input type="checkbox"/> Emotional/behavioural difficulties - (06) | |

Please state any specific extra support you may require:
