

RESIDENCY STATUS

Have you been permanently resident in the UK or EU for three years prior to 31st Aug 2010?

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 2010 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 2010: _____

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

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:

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"/> 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:
