

Please help us to monitor our Equal Opportunities Policy by completing this section. I consider my ethnic origin to be:

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

***Disabilities, learning difficulties and additional needs. This information will be used to provide support for you where possible.**

Do you consider yourself to have a health problem, disability or learning difficulty or any specific extra support needs? e.g. help with exams Yes No

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

***Please give details — disability:**

- | | | |
|-------------------------------------|--------------------------|----|
| Visual Impairment | <input type="checkbox"/> | 01 |
| Hearing Impairment | <input type="checkbox"/> | 02 |
| Difficulty affecting Mobility | <input type="checkbox"/> | 03 |
| Other Physical Disability | <input type="checkbox"/> | 04 |
| Other Medical Condition | <input type="checkbox"/> | 05 |
| Emotional or Behavioural Difficulty | <input type="checkbox"/> | 06 |
| Mental Health Difficulty | <input type="checkbox"/> | 07 |
| Temporary Disability | <input type="checkbox"/> | 08 |
| Profound Complex Disability | <input type="checkbox"/> | 09 |
| Aspergers Syndrome | <input type="checkbox"/> | 10 |
| Multiple Disabilities | <input type="checkbox"/> | 90 |
| Other – | <input type="checkbox"/> | 97 |
- Please state: _____

***Please give details — learning difficulty:**

- | | | |
|------------------------------------|--------------------------|----|
| Moderate Learning Difficulty | <input type="checkbox"/> | 01 |
| Severe Learning Difficulty | <input type="checkbox"/> | 02 |
| Dyslexia | <input type="checkbox"/> | 10 |
| Dyscalculia | <input type="checkbox"/> | 11 |
| Other Specific Learning Difficulty | <input type="checkbox"/> | 19 |
| Autism Spectrum Disorder | <input type="checkbox"/> | 20 |
| Multiple Learning Difficulties | <input type="checkbox"/> | 90 |
| Other – | <input type="checkbox"/> | 97 |
- Please state: _____

Confidentiality - the College may pass this information to appropriate members of staff to enable support to be provided

You can send your application form to: Harrow College, Harrow on the Hill Campus, Lowlands Road, Harrow, Middlesex HA1 3AQ

Alternatively you can give your completed application form to your school and ask the school to send it on to us with your reference.

Office use. Admission Number: _____ **Received:** _____

Residence: Have you been permanently resident in the UK for 3 years prior to
31 August 2012? Yes No

Date of Entry to UK: _____

Country of Origin: _____

Residence status. Please indicate below:

British National: Indefinite leave to remain:

EU/EEA Resident:

Country of Residence: _____

Date of Entry to UK/EU/EEA (if applicable): _____

Visa: _____ Visa type: _____

Visa Start Date: _____ Visa End Date: _____

Visa Conditions: _____ Visa Reference Number: _____

Nationality: _____

Assessment (office use only)

Home: Overseas:

Assessed by: _____

1. Personal Details

Last Name: _____

First Names: _____

Male Female Date of Birth: _____ Local Authority: _____

Home Address: _____

Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

High School: _____ Dates: _____

College: _____ Dates: _____

Occupation: _____ Dates: _____

Do you regard English as your second language? Yes No

If yes, please state your first language: _____

2. Course applied for

Campus you wish to study at: Harrow on the Hill Harrow Weald

Harrow Skills Centre Whitefriars

A. Course and subjects applied for: _____

B. Do you have an alternative choice? _____

C. Please make a brief statement in support of your application: _____

D. What is your eventual career aim? _____

E. Do you want to go to University? Yes No

3. 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 (GCE, A Level etc.)	Date	Grade achieved (if course completed)	Grade predicted (if result not yet known)

5. Parent/Guardian

Last Name:		First Name:	Title:
Address:			
		Postcode:	
Telephone Number:		Mobile Number:	
Email Address:			
Parent/Guardian Signature:			Date:
Applicant Signature:			Date: