

Application Form 2010–11

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

- Asian or Asian British – Bangladeshi 11
- Asian or Asian British – Indian 12
- Asian or Asian British – Pakistani 13
- Asian or Asian British – any other Asian background 14
- Black or Black British – African 15
- Black or Black British – Caribbean 16
- Black or Black British – any other Black background 17
- Chinese 18
- Mixed – White and Asian 19
- Mixed – White and Black African 20
- Mixed – White and Black Caribbean 21
- Mixed – any other Mixed background 22
- White – British 23
- White – Irish 24
- White – any other White background 25
- Any Other 98

You can send your application form to:
 Harrow College, Sixth Form Centre,
 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 or EU for three years prior to 31st August 2010
 Yes No

Date of Entry to UK:

Country of Origin:

Applicant details are kept on the College database and are not shared with any third parties. If you subsequently enrol on a College course this data will form part of your student record and the College Data Protection Statement and Data Protection Policy will apply.

***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 01
 - Hearing Impairment 02
 - Difficulty affecting Mobility 03
 - Other Physical Disability 04
 - Other Medical Condition 05
 - Emotional or Behavioural Difficulty 06
 - Mental Health Difficulty 07
 - Temporary Disability 08
 - Profound Complex Disability 09
 - Aspergers Syndrome 10
 - Multiple Disabilities 90
 - Other – 97
- Please state: _____

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

- Moderate Learning Difficulty 01
 - Severe Learning Difficulty 02
 - Dyslexia 10
 - Dyscalculia 11
 - Other Specific Learning Difficulty 19
 - Autism Spectrum Disorder 20
 - Multiple Learning Difficulties 90
 - Other – 97
- Please state: _____

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 no, 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

***Confidentiality** — The College may pass this information to appropriate members of staff to enable support to be provided. 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 (GCSE, A Level etc.)	Date	Grade achieved (If course completed)	Grade predicted (If result not yet known)

4. Reference (to be completed by the school/college referee)

It is essential that referees comment on all of the following: attendance, punctuality, conduct, motivation, how carefully the candidate has researched their chosen course and how appropriate it is to their present level of attainment and their future career plans.

General Assessment	Exceptional	Very Good	Good	Satisfactory	Less than Satisfactory	Not Satisfactory
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude To Academic Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting Assignment Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student recommended for chosen course: Yes No If **no**, please recommend an appropriate course: _____

Other Comments: _____

I confirm that the predicted grades entered above are correct.

Signed: _____ Print Name: _____ Position: _____

School/College Stamp: _____

5. Parent/Guardian

Last Name: _____ First Name: _____ Title: _____

Address: _____

Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____