

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

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 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.

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

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: _____