

Application Form 2011 - 12

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: _____

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 2010?

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 (GSE, 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: _____