

Personal Details (BLOCK CAPITALS)

Surname:		Address:	
First name:			
Mr/Miss/Ms/Mrs	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Post Code:
Date of birth:	Age on 31/08/2015		
Nationality:	Tel No: <input type="text"/>		
Country of birth:	Mobile: <input type="text"/>		
		E-mail: <input type="text"/>	

Name of Parent/Carer:			
Address: (if applicant is under 18 or different from above)			
Tel No:	<input type="text"/>	Mobile:	<input type="text"/>
E-mail: <input type="text"/>			

Have you been a permanent resident in the UK or EU for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please provide brief details of your arrival and stay in the UK:			
<input type="text"/>			

Equal Opportunities Monitoring

How would you best describe your ethnic background? (Please tick boxes)			
Asian or Asian British:	<i>Bangladeshi</i> <input type="checkbox"/>	<i>Indian</i> <input type="checkbox"/>	<i>Pakistani</i> <input type="checkbox"/> <i>Any other Asian background</i> <input type="checkbox"/>
Black or Black British:	<i>African</i> <input type="checkbox"/>	<i>Caribbean</i> <input type="checkbox"/>	<i>Any other Black background</i> <input type="checkbox"/>
Mixed:	<i>White & Asian</i> <input type="checkbox"/>	<i>White & Black African</i> <input type="checkbox"/>	<i>White & Caribbean</i> <input type="checkbox"/> <i>Any other Mixed background</i> <input type="checkbox"/>
White:	<i>British</i> <input type="checkbox"/>	<i>Irish</i> <input type="checkbox"/>	<i>Any other White background</i> <input type="checkbox"/>
Chinese:	<i>Chinese</i> <input type="checkbox"/>	<i>Prefer not to say:</i> <input type="checkbox"/>	

Additional Learning Support

Do you have a disability or learning needs you would like to tell us about? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, is this because: (Please tick as many boxes as you need) You need support with reading, writing, spelling or maths? <input type="checkbox"/>			
You have a learning disability?	<input type="checkbox"/>	You have a medical condition?	<input type="checkbox"/>
You have a physical disability?	<input type="checkbox"/>	English is not your first language?	<input type="checkbox"/>
How would you like to inform us about your needs?			
By talking confidentially to a member of staff at interview? <input type="checkbox"/>			
By talking confidentially to a member of staff: by phone <input type="checkbox"/>		minicom <input type="checkbox"/>	in writing (please attach) <input type="checkbox"/>
Through someone else such as an advocate, parent or carer at interview? <input type="checkbox"/>			

Course Details

Are you applying for: Full-time course <input type="checkbox"/>	Apprenticeship <input type="checkbox"/>	Not sure (careers advice required) <input type="checkbox"/>
Please give full details of course, including subjects, if applying for A Levels (use the Guide to help you)		
<input type="text"/>		

Apprenticeships

Is an Apprenticeship your preferred option? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Which Apprenticeship are you interested in?			
Your National Insurance Number:			
Do you have suitable employment for your Apprenticeship? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes , please give details		If no , are you	
Company name:		Registered on Apprenticeships Online? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact:		Requiring support to find an Apprenticeship? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:			
Tel No: <input type="text"/>			

Personal Statement - MUST BE COMPLETED by hand using a separate sheet of paper

In 250 words, please tell us a little more about yourself and your plans for the future, for example:

- why would you like to study this course? • where do you see yourself in five years time?
- what interests do you have outside school/college/work? (You MUST use a separate sheet of paper)

Previous Qualifications

Name of last school/college attended:

Address:

Dates you attended From: To:

Subject/course	Exam type (eg GCSE, AS/A2, BTEC)	School expected grade	Actual grade (if known)
If yes , you will be asked to complete a separate declaration form			

Criminal Convictions

If you are applying for a course in Childcare, Health & Social Care or Sport, previous criminal convictions may affect your ability to attend work placements and possibly achieve your course.

If you are applying for any of these courses, do you have a criminal conviction? Yes No

Having a criminal record will not necessarily prevent you from studying at College but will depend on the circumstances and background of the offence. If you do not disclose a relevant conviction then this could result in disciplinary action by the College.

Previous Student

Have you previously been a student at Harlow College Yes No

Date Course(s) studied

Reference Details

Please ask your school/college/employer to complete the attached Reference Form. **It is your responsibility to provide a reference with this application. We will not be able to invite you for an interview without a reference.**

Declaration

I confirm that the information I have provided is correct to the best of my knowledge.

I have included my Personal Statement I have requested a Reference

Applicant signature: _____ Print name: _____ Date: _____

Parent signature (if applicant is under 18): _____ Print name: _____

**Please return your completed application to: The Admissions Team,
Harlow College, Velizy Avenue, Town Centre, Harlow CM20 3EZ**

If you have any questions about this form, e-mail: admissions@harlow-college.ac.uk Tel: 01279 868100
www.harlow-college.ac.uk [facebook.com/harlowcollegeuk](https://www.facebook.com/harlowcollegeuk) twitter.com/HarlowCollege

Data Protection: Information you provide on this Application Form will be held on file at Harlow College. The College has submitted the relevant Notification to the Information Commissioner's Office within the terms of relevant legislation, and complies with all of the provisions of that legislation to all learner data. Further information about data confidentiality is available upon request.

Data Agreement: Harlow College may use the information supplied on this form to send material that we feel may be of interest to you. Please note - the details of this application may be shared with your previous/current schools.

Applicant Details

Name:	Date of birth:
Course applied for:	

Now you must pass this form on to your last school/college attended.

Your application will not be considered until this form is completed and returned.

School/College staff: This form is used to provide us with useful information on the applicant's progress, support needs and suitability for the chosen course. Please be as informative as possible.

Exam Grades (This section can be replaced by a print out from your school's information system)

Subject/course	Exam type (eg GCSE, AS/A2, BTEC)	School expected grade	Actual grade (if known)

Personal Attributes

Please tick the appropriate boxes)	Excellent	Good	Acceptable	Poor
Attendance (% please)				
Punctuality				
Motivation and effort				
Behaviour				
Oral communication				
Written communication				
Ability to work independently				
Relationship with peers				
Relationship with staff				
Ability to meet deadlines				
Suitability for the course				

Please give any additional information to support your judgements (including any mitigating circumstances)

Additional Learning Support

Is the applicant on the SEN Register?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, at what level?	
Statement	<input type="checkbox"/>	School Action Plus	<input type="checkbox"/>	School Action	<input type="checkbox"/>		
Does the applicant have a disability or learning needs you would like to tell us about?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, is this because: (Please tick as many boxes as you need) They need support with reading, writing, spelling or maths?							
They have a learning disability?	<input type="checkbox"/>	They have a medical condition?	<input type="checkbox"/>				
They have a physical disability?	<input type="checkbox"/>	English is not their first language?	<input type="checkbox"/>				
How would you like to inform us about their needs?							
By talking confidentially to a member of staff at interview?							
By talking confidentially to a member of staff: by phone		<input type="checkbox"/>	minicom	<input type="checkbox"/>	in writing (please attach)		<input type="checkbox"/>
Through someone else such as an advocate, parent or carer at interview?							

If yes to any of the above, please give further details.

Is the applicant a 'looked-after' child? Yes No

If yes, which local authority is responsible? _____

Are there any safeguarding issues involving this applicant? Yes No

If yes, a member of our Safeguarding team will contact the school for further details.

Are there any other factors that you feel may impact on the applicant's ability to succeed?

Referee Details:

Name:	
Position:	
Address:	
Telephone:	E-mail:
Signature	Date:

**Please return your completed reference to: The Admissions Team,
Harlow College, Velizy Avenue, Town Centre, Harlow CM20 3EZ**

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