

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 31/08/2014		
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: <input type="text"/>					
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)	School expected grade	Actual grade (if known)

How Did You Hear About the College?**How did you hear about Harlow College?**

School	Careers Service	Employer	Existing student	Friend/relative	Website
Open/information event	Information through the post	Radio ad	Bus/train station posters		

Where did you get your copy of our Full-Time Guide from?

School	Careers Service	College Library/Learning Resources Centre	Post
Requested a copy directly from the College	Picked up a copy at a College Open Evening/information event		
Viewed/downloaded an online version			

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.