

4. Personal Statement:

Please state why you want to do this course and what your career plans are, giving details of work experience or any other relevant information (if necessary, use a separate sheet).

5. Do you have a Disability/Learning Difficulty?

The College welcomes applications from people with special needs, and considers them on the same academic grounds as those from other candidates. It is helpful to know about your disability in advance, so that we can discuss the support you need at the college. The information you provide will be treated confidentially.

• If you have a disability, learning difficulty or medical condition please tell us by ticking the boxes which are applicable to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Mental Health Difficulties | <input type="checkbox"/> An unseen special need, e.g. Diabetes, Epilepsy, or Asthma |
| <input type="checkbox"/> Other Learning Difficulties | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Other specific Special Need(s):
Please specify: _____ |
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Mobility Difficulties/Wheelchair User | |
| <input type="checkbox"/> Deaf/Hearing Impairment | | |

6. Do you need any other support not shown on this form to help you study?

7. Ethnicity & Gender

These questions are only used to monitor our equal opportunities policy to ensure it is effective. Your co-operation is appreciated.

• Please use a tick to indicate the ethnic group to which you see yourself belonging to.

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Latin/South/Central America |
| <input type="checkbox"/> Asian or Asian British - any other Asian background | <input type="checkbox"/> White British | <input type="checkbox"/> Afghan |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> White Irish | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> Black or Black British - Caribbean | <input type="checkbox"/> White - European | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Black or Black British - any other Black background | <input type="checkbox"/> White - Non-European | <input type="checkbox"/> Arab other |
| | <input type="checkbox"/> White - Any other mixed background | <input type="checkbox"/> Any other ethnic background |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Prefer not to disclose |

• Your Spoken Language(s): _____

• Your Gender: Male Female

8. What we do with the information on this form

We will store your details on our database so that we can contact you about the course you have applied for. We may also use your details to contact you about the College, its news and events. If you would prefer not to be contacted for this purpose please tick this box

If you have given us information about a disability or a learning difficulty, the College wishes to pass this information on to the Learning Support Team to enable them to arrange any necessary support you may need. If you wish for them to keep sensitive information confidential and take advantage of this right, please tick this box Arrangements will be made to discuss this with you when you start.

Please sign: _____

Date: _____

Funded by



Please send your application form to:

College Information Centre, Ealing, Hammersmith & West London College, Gliddon Road, Barons Court, London W14 9BL

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