



## Application for Admission to Adult Education Centre Entry 2010 - 2011



West London Academy  
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Northolt  
Middlesex  
UB5 5LQ

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| West London Academy use only |  |
|------------------------------|--|
| Application Received         |  |
| Interview                    |  |
| Eligibility Verified         |  |
| Registration Fee             |  |

Please complete all relevant sections of this form clearly in black ink and return to the address above.

How did you hear about us? \_\_\_\_\_

Have you enrolled with us before? No  Yes  which year \_\_\_\_\_

### 1 Personal Details

|   |                        |                          |            |        |               |
|---|------------------------|--------------------------|------------|--------|---------------|
| Title   | Mr                     | Mrs                      | Miss       | Ms     | Other         |
| Student's Family name                           |                        |                          |            |        |               |
| Student's Forename(s)                           |                        |                          |            |        |               |
| Date of Birth                                   | Day                    | Month                    |            | Year   |               |
| Gender  | Male                   |                          |            | Female |               |
| Place of Birth                                  |                        |                          |            |        |               |
| Date of Arrival in UK if not born in UK         |                        |                          |            |        |               |
| Address   |                        |                          |            |        |               |
| Postcode  | National Insurance No: |                          |            |        |               |
| Daytime contact telephone number                |                        |                          |            |        |               |
| Evening contact telephone number                |                        |                          |            |        |               |
| Mobile number                                   | email                  |                          |            |        |               |
| Would you need to use a crèche or child minder? | Yes                    | <input type="checkbox"/> | Child Name | Age    | Date of Birth |
|   | No                     | <input type="checkbox"/> |            |        |               |

### 1a Personal Details for recent UK residents not born in the UK

|  |  |
|--|--|
| Which country do you come from?              |  |
| What is your mother tongue?                  |  |
| What language do you speak at home?          |  |
| How long have you ever been in this country? |  |

## 2. Learning Programme

| COURSE CODE | COURSE TITLE | Advisor's Initials if advice required | Advisor's Comments: if advice required |
|-------------|--------------|---------------------------------------|--|
| 1           |              |                                       |  |
| 2           |              |                                       |  |
| 3           |              |                                       |  |

## 3. Ethnic Origin

This information is required to ensure that we comply with our Equal Opportunities Policy and is not part of our Admissions Procedure. Please tick **one box** only:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> African                    | <input type="checkbox"/> Any other white background | <input type="checkbox"/> Gypsy/Roma                  | <input type="checkbox"/> White and Black African   |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Indian                      | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> British                    | <input type="checkbox"/> Irish                       | <input type="checkbox"/> Info not obtained         |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Caribbean                  | <input type="checkbox"/> Pakistani                   | <input type="checkbox"/> Refused                   |
| <input type="checkbox"/> Any other ethnic group     | <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Traveller of Irish heritage | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Any other mixed background |   | <input type="checkbox"/> White and Asian             | (Please Specify)                                   |

## 4. Disability

Do you consider yourself to be disabled which has a long term affect on your ability to carry out normal day-to-day activities? Yes  No

## 5. Concessionary Fees

Do you claim any benefits that will entitle you to free courses, Yes  No

*If so please indicate which ones below*

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Unemployed and receiving JSA (& less than 16 hours study a week)  | <input type="checkbox"/> | Working Tax Credit recipient, or partner of one  |
| <input type="checkbox"/> | Income based benefit recipient: Council Tax Benefit <input type="checkbox"/> Housing Benefit <input type="checkbox"/> | <input type="checkbox"/> | Asylum Seeker in receipt of income-based benefit (e.g. under 1999 IAA), or their dependant |
| <input type="checkbox"/> | Income Support JSA income based <input type="checkbox"/>  | <input type="checkbox"/> | Under 19 at 31st August 2010   |
| <input type="checkbox"/> | Unwaged Dependant (as defined by Jobcentre Plus) of those above   | <input type="checkbox"/> | Adult on Skills for Life courses (for those courses only)                                  |
| <input type="checkbox"/> | Receiving Pension Guarantee Credit  | <input type="checkbox"/> | Receiving Employment and Support Allowance (ESA)   |

## 6. Previous Qualifications

Do you have previous qualifications e.g. GCSEs or higher either from England or abroad? It is important to complete this section.

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I agree to abide by the rules and regulations of West London Academy including those contained in its refund and transfer policies (see the course guide or visit [www.wlaaec.co.uk](http://www.wlaaec.co.uk)). I agree to notify West London Academy of any changes to my personal circumstances which could affect my entitlement to a reduced fee. I am satisfied that appropriate information about the course has been available to me prior to enrolment.

I confirm my intention to attend the course(s) I have enrolled on and I am aware of the commitment required. I understand that should I fail to attend my course(s) for a period of two consecutive weeks or more, I will automatically be withdrawn from the course(s).

I understand I will automatically be removed from my course(s) if I fail to pay an instalment by the payment due date(s) or if my card is declined. I will remain liable to pay the total course fee(s). I understand that should my sponsor fail to pay my fees, I will remain liable to pay for my fees. I understand that there will be a briefing on health and safety issues during the first session of the course(s).

Signed (student): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (for West London Academy): \_\_\_\_\_ Date: \_\_\_\_\_

West London Academy use only: Type of evidence of fee remission seen:

Signed (for West London Academy): \_\_\_\_\_ Date: \_\_\_\_\_