



**Application for Admission
to Adult Education Centre
Entry 2009 - 2010**



West London Academy
Bengarth Road
Northolt
Middlesex
UB5 5LQ

Tel: 0208 841 4511
Fax: 0208 841 4480

Website: www.wlaaec.co.uk
Email: aec@westlondonacademy.co.uk

Application Received	
Interview	
Eligibility Verified	

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"/>
<input type="checkbox"/>	Income Support JSA income based <input type="checkbox"/>	<input type="checkbox"/>	16-18 year old learner
<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)

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.

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). 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: _____