



**Harmony House Dagenham x Baden Powell Close x  
Off Goresbrook Road x Dagenham x Essex x RM9 6XN x**

Reception: 020 8526 8200 x Facsimile: 020 8526 8210  
Childhood Centre: 020 8526 8201  
Email: enquiries@harmonyhousedagenham.org.uk  
Website: http://www.harmonyhousedagenham.org.uk

# COMPUTER

## HARMONY HOUSE ENROLMENT FORM

Surname															
Forename															
Home Address															
Postcode															

Telephone Number															
Mobile Number															
E-mail Address															
Date Of Birth dd/mm/yyyy															
Gender	Male							Female							

<b>Ethnicity</b>		
Asian or Asian British – Bangladeshi	Mixed - White and Black African	
Asian or Asian British – Indian	Mixed - White and Black Caribbean	
Asian or Asian British – Pakistani	Mixed - Any Other Mixed Background	
Asian or Asian British – Any Other Asian Background	White - British	
Black or Black British – African	White - Irish	
Black or Black British – Caribbean	White - Any Other White Background	
Black or Black British – Any Other Black Background	Any Other	
Chinese	Not Known/Not Provided	
Mixed - White and Asian		

<b>Learner Difficulties/Disabilities</b> Do you consider yourself to have a disability, health problem or any learning difficulty that prevents you from using your qualifications/ or finding work? (Y/N/Not Provided)	
<b>ESOL</b> Do you consider yourself to have an ESOL need that acts as a barrier to using your qualifications or finding work? (Y/N)	
<b>How did you hear about Harmony House?</b>	

Learner Reference No.									
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National Insurance Number									
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Passport or IND Number									
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Enrolment Date								/							/				20
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**Residency Status (Please Tick One)**

British Citizen	<input type="checkbox"/>	Refugee (ILR)	<input type="checkbox"/>
EU Citizen	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
Work Permit / Student Visa	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Benefits Information (Please Tick One)**

Income Support	<input type="checkbox"/>	Family Tax Credit	<input type="checkbox"/>
JSA	<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	Not in receipt of benefits	<input type="checkbox"/>
Disability Allowance	<input type="checkbox"/>	Other	<input type="checkbox"/>

Are you a lone parent? (Y/N)	<input type="checkbox"/>
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**Employment Status**

Full Time Employed	<input type="checkbox"/>	Voluntary Work	<input type="checkbox"/>
Part time Employed (<16 hours)	<input type="checkbox"/>	Not working	<input type="checkbox"/>

If not working, how long is it since you worked?

Years		Months	
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Prior Attainment Level (e.g. ESOL EL1, GCSE, NVQ)	
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Course Information (What's your level, what do you want to study, when are you available)				
Date	Course Title	Days	Time	Fee
				L1=£39.50
				L2=£49.50

<b>Do you require a crèche place?</b>	Yes	No
<b>Child's full name</b>	D.O.B.	Age

I certify that the information contained on this form is correct

<b>Learner's signature</b>	
<b>Date</b>	/ / 20

Community Interest Company. Company Number 6565448