



Penwith College
St Claire Street
Penzance
Cornwall
TR18 2SA

Tel: 01736 335000
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Part of Truro & Penwith College

Director of Penwith College: Martin Tucker

APPLICATION FOR FULL-TIME COURSE

This form to be used **ONLY BY APPLICANTS OVER AGE 19**

Please PRINT all replies

For Office Use:
Date received:
Acknowledgement:
Student ID:
PTL:
Interviewer:

1

Mr/Mrs/ Miss/Ms*	First Names:	Surname:	M/F*	Date of Birth:
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Home Address (including Postcode):
Home Tel No (including STD code):
Mobile Phone No:
Email:

Secondary School/College attended up to age 16 AND Most recent School/College attended:
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Emergency Contact/s (Please indicate relationship e.g. Parent/s or Guardian/s): Home: Mobile: Work:
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Country of Residence:
Nationality:
Have you lived in the UK for the last three years? YES/NO*

2 I wish to apply for the following course(s)

A Levels	List subjects:	
Extended Level 3 Diploma/Level 2	Name course:	
Other Vocational course	Name course:	
Entry Level	List subjects:	

3 Please list any examinations already sat or entered, stating whether 'A' Level, GCSE or other and give grades:

Subject & level eg: GCSE Eng Lang 1 st Diploma IT										
Predicted grade										
Grades achieved (if applicable)										

4 HEALTH Do you have any health problems that might affect your education for which special arrangements need to be made? Please give brief details:

.....

5 LEARNING NEEDS Do you require extra help with:-

English	YES / NO*	Spelling/Dyslexia	YES / NO*
Maths	YES / NO*	Study Skills	YES / NO*
Other Areas	YES / NO*	Please specify:	

6 PREVIOUS EMPLOYMENT HISTORY Please list and briefly describe work you have done since leaving school (attach additional sheet if necessary):

Are you currently unemployed? YES / NO*

Do you receive any means tested benefits? YES / NO*

If yes, which ones?

7 EMPLOYMENT What sort of employment do you think you may eventually enter?

.....

8 HIGHER EDUCATION Do you expect/hope to go on to Higher Education? YES / NO*

Which area of study might you choose?

9 Have you applied for a Course at another School or College? YES / NO*

If yes, where?.....

For some courses it is important for us to know the following:

10 Do you have a criminal record or any outstanding court proceedings or are you on an Offenders Register?

Yes No If yes please give details:

.....

11 Do you have an agency or support worker? (For example Social Worker, Officer, Supported housing, Community Psychiatric Nurse, Key worker or any other)

Yes No

If yes, please give details:

Name:	Address:	
		Postcode:
Agency:	Email:	Telephone:

12 REFERENCES Please give details of a referee (**employer or person who knows you in a professional capacity, not a family member**):

Name:	Capacity known to applicant:	
Address:		
Post Code:	Email:	Telephone:

We need to hold accurate and up-to-date information on College users. It is held securely and only shared with those who absolutely need to know. When we no longer have a need for the information, it is confidentially destroyed. We use it for checking eligibility and fitness for course places at Penwith College and for managing our responsibilities and the legal obligations of the College.

I accept the College need to hold and use information in accordance with the Data Protection Act and agree to abide by the College Code of Conduct.

Signature of Applicant Date

After completion this form should be returned to Sarah Reynolds at the address overleaf

* Delete as applicable