



Part of Truro & Penwith College

Penwith College
St Clare Street
Penzance
Cornwall
TR18 2SA

Tel: 01736 335000
Fax: 01736 335100

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

Director of Operations: Martin Tucker

APPLICATION FOR FULL-TIME COURSE

This form to be used only by applicants under 19 years of age (over 19's should use the T1 form)
Please PRINT all replies

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:

School/College (present or last):

Emergency Contact/s (Please indicate relationship e.g. Parent/s or Guardian/s):
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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:
First/National Diploma/Diploma	Name course:
Other Vocational course	Name course:
Entry Level	List subjects:

3 Please set out below any examinations for which you are entered at school and give information about planned achievement on your course (**i.e. predicted grades**). Or, alternatively, if you have already taken examinations please list your results.

Subject & level eg: GCSE Eng Lang 1st 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:-

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

6 INTERESTS Please give as much information as you can about your personal interests and responsibilities e.g. music, sport.

7 WORK EXPERIENCE/PART-TIME WORK Please give information about any experience of employment that you have:

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

.....

9 HIGHER EDUCATION

Do you expect/hope to go onto Higher Education? YES / NO*

Which area of study might you chose?

10 TRAINING SCHEMES Are you making/likely to make an application for a Training Scheme? Please give details:

.....

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

If yes, where?.....

12 Optional supporting statement from Parent, Guardian, School

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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 on 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 Mrs Sarah Reynolds at the address overleaf.

* Delete as applicable