



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 ACCESS TO HIGHER EDUCATION

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 ACCESS COURSE (Please tick your preferred pathway):

Nursing	
Higher Education	

3 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?

4 QUALIFICATIONS Please list any qualifications gained and experience of study:

.....
.....

5 HEALTH

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

.....
.....

6 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:	

7 INTERESTS

Please give as much information as you can:

.....
.....
.....

8 EMPLOYMENT

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

.....

9 HIGHER EDUCATION

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

Which course/area of study are you thinking of?.....

10 Have you applied for a course at another school or college? YES / NO*

If yes, where?.....

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