



**PENWITH  
COLLEGE**

Part of Truro & Penwith College

**Penwith College  
St Claire Street  
Penzance  
Cornwall  
TR18 2JA**

**Tel: 01736 335000  
Fax: 01736 335100**

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

**Director of Penwith College: Martin Tucker**

**APPLICATION FOR ACCESS TO HIGHER EDUCATION**

(Applicants must be 19 or over)

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:

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:

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):

Creative Arts	
Health & Social Care	
Higher Education	

**3 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:
Town:
Post Code:
Telephone:
Email:

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

Subject & level eg: <b>GCSE Eng Lang</b> <b>1<sup>st</sup> Diploma IT</b>										
Grades achieved (if applicable)										

**5 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? .....

**6 HEALTH**

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

.....

**7 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: .....

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

**8** 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: .....

**9** 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:	
Agency:	Telephone:	Postcode:

**10 INTERESTS**

Please give as much information as you can: (attach additional sheet if necessary)

.....

**11 EMPLOYMENT**

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

.....

**12 HIGHER EDUCATION**

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

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

**13** 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 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