



**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:

Part of Truro & Penwith College

**Director of Operations: Martin Tucker**

**FOUNDATION STUDIES**

Please PRINT all replies

**1**

First Names:	Surname:	M/F*	Date of Birth:
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Address:	Parents/Carers Name and Address:
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Emergency Contact/s (Please indicate relationship e.g. Parent/s; Guardian/s; Carer/s):
Telephone:
Mobile:

**2** I wish to apply for the following FOUNDATION STUDIES course

Vocational Studies	
Life Skills	
Skills for Life	
Work Skills	

**3** Educational History (ie, school/home tuition/other)

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**4** Present Work Placement/Day Care Services

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**5 Specific Learning Needs**

**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.**

\* Delete as applicable

Signature of Applicant ..... Date .....

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