

Student Reference No.:

Date form received:

Date details entered:

# Application form

## Personal Details

Please tick:

Last name:  Miss  Mr  Mrs  Ms  other

Forename(s):

Home Address:

Postcode:

Home Phone:  Mobile:

Email:

Date of Birth:  (e.g. 29/07/1986)



THE CORNWALL COLLEGE GROUP

Please see overleaf for details of where to send your form

Tel: 0845 22 32 567

Nationality:

Country of residence:

Date of entry to Country of residence:  Is study the main reason for your residency? Yes  No

Location: Camborne  Rosewarne  Falmouth  Newquay  St Austell  Stoke Climsland  Saltash  Bicton  dBs Bristol

### How would you describe your ethnic origin?

White - British <input type="checkbox"/>	31	Mixed - White & Black African <input type="checkbox"/>	36	Asian or Asian British - any other Asian background <input type="checkbox"/>	43
White - Irish <input type="checkbox"/>	32	Mixed - White & Asian <input type="checkbox"/>	37	Black or Black British - African <input type="checkbox"/>	44
White - Gypsy or Irish Traveller <input type="checkbox"/>	33	Mixed - any other mixed background <input type="checkbox"/>	38	Black or Black British - Caribbean <input type="checkbox"/>	45
White - any other White background <input type="checkbox"/>	34	Asian or Asian British - Indian <input type="checkbox"/>	39	Black or Black British - any other Black background <input type="checkbox"/>	46
Mixed - White & Black Caribbean <input type="checkbox"/>	35	Asian or Asian British - Pakistani <input type="checkbox"/>	40	Arab <input type="checkbox"/>	47
		Asian or Asian British - Bangladeshi <input type="checkbox"/>	41	Any other ethnic group <input type="checkbox"/>	98
		Asian or Asian British - Chinese <input type="checkbox"/>	42	Prefer not to say <input type="checkbox"/>	99

## Course(s) for which you wish to apply:

e.g. Early Years BTEC National Diploma

COURSE CODES (Office use only):

How would you like to study (for Cert. Ed & PGCE only): part-time  full-time\* 

## Qualifications achieved (If applying for a teacher training course, make sure you include your highest qualification in the subject you wish to teach.)

Qualification (eg. GCSE)	Subject	Date of exam	Expected/Actual Grade
GCSE	ENGLISH		
GCSE	MATHS		

\*You will need to apply through UCAS if you are applying for a full-time degree or a full-time foundation degree

No Formal Qualifications  (please tick)

CONTINUED OVERLEAF ►

**Any other qualifications/experience/interests that you feel may be relevant to your application:**

Please attach additional sheets if required

**Careers information**

Present occupation: <small>(If applicable)</small>	<input style="width: 95%;" type="text"/>	Employer's name & address: <small>(If applicable)</small>
Career intention:	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 80px;" type="text"/>
If teaching, please specify which subject you are applying to teach.*	<input style="width: 95%; height: 40px;" type="text"/>	

*\*Make sure you have provided your highest level of qualification in this subject overleaf in the qualifications achieved section*

**Your Support Needs** You will have the opportunity to discuss your needs at interview or during enrolment.

**DISABILITIES/LEARNING DIFFICULTIES.** We wish to make our courses accessible to all students and the following information will help us to give you full support. Do you consider yourself to have a:

Moderate learning difficulty	<input type="checkbox"/> 01	Visual impairment	<input type="checkbox"/> 01	Mental health difficulty	<input type="checkbox"/> 07
Severe learning difficulty	<input type="checkbox"/> 02	Hearing impairment	<input type="checkbox"/> 02	Temporary disability after illness or accident	<input type="checkbox"/> 08
Dyslexia	<input type="checkbox"/> 10	Disability affecting mobility	<input type="checkbox"/> 03	Profound/complex disabilities	<input type="checkbox"/> 09
Dyscalculia	<input type="checkbox"/> 11	Other physical disability	<input type="checkbox"/> 04	Aspergers syndrome	<input type="checkbox"/> 10
Other learning difficulty	<input type="checkbox"/> 19	Other medical condition <small>(e.g. epilepsy, asthma, diabetes)</small>	<input type="checkbox"/> 05	Multiple disabilities	<input type="checkbox"/> 90
Autism spectrum disorder	<input type="checkbox"/> 20	Emotional/behavioural difficulties	<input type="checkbox"/> 06	No learning difficulty	<input type="checkbox"/> 98
Multiple learning difficulties	<input type="checkbox"/> 90			No disability	<input type="checkbox"/> 98

**If you are under 19**

Present or last school/college:	<input style="width: 95%;" type="text"/>	Date of leaving:	<input style="width: 95%; height: 20px;" type="text"/>
Parent/guardian/carer name:	<input style="width: 95%;" type="text"/>		
Parent/guardian/carer address different from overleaf:	<input style="width: 95%; height: 40px;" type="text"/>		
Parent/guardian/carer email address:	<input style="width: 95%;" type="text"/>		

Do you have any unspent criminal convictions? (please tick, must be completed)      Yes       No

How did you hear about the College?

I confirm that the information provided on this application form is correct.

Applicant's signature	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%; height: 20px;" type="text"/>
-----------------------	--	-------	--

If you do not want to receive information from the College that isn't related to this application, please tick here

**Please return this form to the campus site you are applying to:**

**Customer Services**

The Cornwall College Group, Trevenson Road, Pool, Redruth, Cornwall. TR15 3RD

Preferred contact method:    email     post