

Application no.:

Date form received:

Date details entered:

Qualification Courses Application Form

Personal Details

Please tick:

Last name:

☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Forename(s)

Address:

Postcode:

Phone:

Mobile:

Email:

Date of Birth:

(e.g. 29/07/1986)

Age on 1st Sept year of entry:


Please see overleaf for
details of where to
send your form

Tel: 0845 22 32 567

Nationality:

UK/EU resident for 3 years?

Yes ☐ No ☐

Are there any immigration restrictions
on your length of stay in the UK/EU?

Yes ☐ No ☐

Was your purpose for entering the UK/
EU to receive full-time education?

Yes ☐ No ☐

Campus to which you wish to apply:

CAMBORNE

☐

FALMOUTH

☐

NEWQUAY

☐

ROSEWARNE

☐

SALTASH

☐

STOKE CLIMSLAND

☐

ST AUSTELL

☐

Course(s) for which you wish to apply:

e.g. Early Years BTEC National Diploma

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

COURSE CODES (Office use only):

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

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

Please attach additional sheets if required

Careers information

Present occupation:
(If applicable)

Career intention:

If teaching, please specify
which subject you
are applying to teach.*

Employer's name & address: (If applicable)

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

Specific learning needs

If you have any particular requirements please tick the box: ☐ A member of staff will contact you to discuss your requirements

Optional comment:

If you are under 19

Present or last school/college:

Date of leaving:

Parent/guardian/carer name:

Parent/guardian/carer
address if different from
overleaf:

Do you have any unspent criminal convictions? (please tick)

Yes ☐

No ☐

How did you hear about the College?

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

Applicant's signature

Date:

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:

Admissions Office

Cornwall College Camborne, Trevenson Road, Redruth, Cornwall TR15 3RD

Admissions Office

Falmouth Marine School, Killigrew Street, Falmouth, Cornwall TR11 3QS

Admissions Office

Cornwall College Newquay, Wildflower Lane, Trenance Gardens, Cornwall TR7 2LZ

Admissions Office

Duchy College, Rosewarne, Camborne, Cornwall TR14 0AB

Admissions Office

Cornwall College Saltash, Church Road, Saltash, Cornwall PL12 4AE

Admissions Office

Cornwall College St Austell, Tregonissey Road, St Austell, Cornwall PL25 4DJ

Admissions Office

Duchy College, Stoke Climsland, Callington, Cornwall PL17 8PB