Callywith College Old Callywith Road Bodmin PL31 2GT

Tel: 01208 224000 Email: admissions@callywith.ac.uk Web: www.callywith.ac.uk



## **APPLICATION FORM**

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

## Please complete and email this application form to: admissions@callywith.ac.uk

First Names:	Preferred Name:	Surname:			
			Preferred Gender:	DOB:	
Home Address:		Secondary School,	/College attended u	up to age 16	
		OR Most recent Se	chool/College atter	nded (if different from above)	
Post Code:		Emergency Contact:			
		Relationship to Student:			
Student Phone:		Phone:			
Student Mobile:		Mobile:			
Student Email:		Email:			
Country of residence:	Nationality: H	lave you lived in the	UK/EEA for the last	three years? Yes/No	
I wish to apply for the following course: (list sub	jects)				
A Levels:					
Level 3 Extended Diploma:					
Level 2:					
Level 1:					

Please set out below any examinations for which you are entered at school and state your predicted grades. If you have already taken examinations please list your results.

Subject & level Eg, GCSE Eng lang 1st Diploma IT						
Predicted Grade						
Grades Already Achieved (if applicable)						

## Health

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

Learning Needs
Do you have an identified learning need? If YES — please explain
YES / NO
Is English your second or additional language? Yes/No If Yes, what is your first language?
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Interests/Experience
Please give as much information as you can about your personal interests and responsibilities e.g. music, sport
Work Experience/Part-time Work
Please give information about any work experience or employment you may have had (attach additional sheet if necessary)
Future Career Intention
What sort of employment or career do you think you may eventually enter?
Higher Education
Do you expect/hope to progress to Higher Education? (i.e. University Level Education) Yes/No Which area of study might you choose?
Do you have any unspent Criminal Convictions? Yes/No
Have you applied for a course at another School or College? Yes/No If yes, where?
Optional supporting statement from Parent, Guardian, School

I confirm that the information provided on this application form is correct. I give permission for the College to get in touch with me about my application, enrolment or progress using any of the contact details I have provided. I understand that the College is obliged to share my personal data with some organisations in accordance with the relevant fair processing notice. I give my permission for my information to be used in my personal best interests by college personnel and other professionals directly involved in processing my application. If my course is funded or sponsored by an employer, I give permission for the College to share and discuss my application with my employer. If I am aged 18 years or younger on the day I sign this form, I accept that the College may discuss my application and share my personal information with my parent(s), carer(s) or previous school. I agree to comply by the College Code of Conduct.