Truro & Penwith College Part-time Courses

Booking Form

Truro College
College Road, Truro TR1 3XX
t: 01872 265800

Penwith College
St Clare Street, Penzance TR18 2SA
t: 01736 335149

Name: Mr / Mrs / Miss / Ms Full name: _____

Address: _____ Contact Number: _____

_____ Mobile Number: _____

Postcode: _____ Date of Birth: _____ Email Address: _____

Course Code	Course Title	Fee
Please make cheques payable to Truro and Penwith College	Total:	

Please tick if you are applying for a 19+ Loan: ☐

NI Number: _____

Additional Support Needs: Do you consider yourself to have a learning difficulty or physical disability?

Yes: ☐ No: ☐

If yes, please give details:

_____

_____

Fee Remission:
If you are claiming a reduced fee, please tick the appropriate area below and provide evidence of this entitlement at the time of enrolment. Fee remission eligibility varies.

- Unemployed JSA/ESA (Work Activity Group) ☐
- Unemployed on other state benefit and the course will help you find work ☐
- Adult Basic Skills (English/Maths) ☐
- 19 - 23 without full Level 2/3 ☐
- 16 and under 19 years old at 31 August 2018 ☐

Do you have any unspent Criminal Convictions? Yes: ☐ No: ☐

Are you ordinarily resident in the UK? Yes: ☐ No: ☐ If no, in which country do you live (Country of domicile): _____

I confirm that the information I have given on this form is correct and I have a responsibility to amend it if it changes. A cancellation can only be made in writing or by email at least seven days before the start of the course. If a course does not start or closes after one session then a full refund will be made. Any other refund request must be made in writing to the Principal and would normally only be considered on grounds of ill health (a medical certificate is required).

I agree to be contacted about courses and learning opportunities: By post: ☐ By phone: ☐ By email: ☐ By Text: ☐

Signed (Student) _____ Date _____

Signed (College Representative) _____ Date _____

Payment by Credit Card (min £5) Visa MasterCard Visa Delta Maestro Solo CNP (please circle as appropriate)

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Issue: _____

Cardholder's name and initials: _____ Statement Address Postcode: _____

Card valid from (date): _____ expires end (date): _____ Security Code: ☐☐☐