

# 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:  
\_\_\_\_\_

Are you ordinarily resident in the UK? Yes:  No:   
If no, which countries have you resided in during the last three years?  
\_\_\_\_\_

**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 2020
- 19+ employed/self-employed and earning less than £17,004 annual gross salary

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

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: