

APPLICATION FORM HIGHER EDUCATION & TEACHING COURSES

Please complete your details below. Please use block capitals and tick where appropriate.
If you have any questions please telephone 01539 814748 or email Karen.Shaw@kendal.ac.uk

Application details:

Course applying for:

About you:

Title: Mr Mrs Miss Ms

National insurance no:

Last name:

First name:

Date of birth: dd/mm/yyyy

Gender: male female

Address:

Postcode:

Country of residence:

Have you lived in the UK or EU for the last 3 years? Yes No

Telephone No (Day):

Telephone no (Evening):

Mobile No:

Do you have any kind of disability or learning difficulty we need to know about? Yes No

Please tell us how we may support your learning at College (eg: with mobility, dyslexia, aspergers etc):

Would you like to discuss your needs relating to a disability or learning difficulty with a member of the Learning Services Team? Yes No

Name & address of your last school or college (if leaving this academic year):

Name:

Address:

Postcode:

Date of leaving: dd/mm/yyyy

Continued overleaf

