

Accommodation Form

For home students studying at Chichester Campus

Attach
Photograph
Here

ALL forms to be completed in **FULL**
Please complete in **BLOCK CAPITALS**

Student Number (if known)

COURSE DETAILS

Course for which you have applied

Course Dates

From:

To:

DURATION AT COLLEGE (if known)

Expected Arrival Date

Time

Expected Date of Departure

Time

PERSONAL DETAILS

Family Name

First Names

Gender (please tick appropriate box)

Male Female

Date of Birth

Marital Status (please tick appropriate box)

Married Single

Nationality

CONTACT DETAILS

Address to send correspondence to

Postcode

Contact Numbers (please include area code numbers)

Telephone No.

Fax No.

Mobile No.

Email Address

Parent/Guardian's Address (if different from above)

Postcode

ACCOMMODATION

IMPORTANT: Please indicate your 1st and 2nd choices of accommodation e.g. 1 for 1st choice 2 for 2nd choice

For students aged 16-17 studying at Chichester Campus

Woodlands Halls of Residence
A minimum stay of one year (Full-board only)

Homestay Half-board **Homestay** Self-catering
(For those aged 17+ ONLY)

Please Note: Internet services can not be guaranteed with Homestay.

For students aged 18 and above studying at Chichester Campus

Westgate Halls of Residence **Leasing Scheme Student House**

Homestay Half-board **Homestay** Self-catering

Please Note: Internet services can not be guaranteed with Homestay.

ACCOMMODATION REQUIREMENTS

Are you willing to share a room? Yes No

Are you a vegetarian? Yes No

Are there any foods you cannot eat? Yes No
If Yes, please state which

If under 18, are you willing to share with students who are 18+? Yes No

Do you have any special requests regarding accommodation?

Please specify your expected arrival and departure dates (if known)

Expected Arrival Date:

Expected Departure Date:

Please indicate your chosen payment method Direct to host Through the College

Do you have any medical problems? Yes No

If Yes, please state which

Do you smoke? Yes No

NOTE: These two questions are for **Homestay students ONLY**

Are you willing to live in a household with smokers? Yes No

Many British families have pets. Please tick the appropriate box(es) if you have an allergy to cats and/or dogs.

I have an allergy to:

Dogs Cats

MEDICAL DETAILS - All questions MUST be answered (Any relevant medical reports should be attached to this form)

Have you had any of the following:

Asthma, Bronchitis or breathing problems? Yes No
Heart condition? Yes No
Fits, Epilepsy, fainting or blackouts? Yes No
Severe headaches or migraines? Yes No
Diabetes? Yes No
Allergies to medicines, drugs or food etc? Yes No
Eczema or other skin disorder? Yes No
Other illness or disability? Yes No

Do you have any physical handicap that may affect your accommodation requirements? Yes No

Do you take any medication of any kind, whether prescribed or not? Yes No

Have you been vaccinated against tetanus in the last 5 years? Yes No

Have you received any medical, surgical or psychiatric treatment of any kind from a doctor or in hospital in the last 3 years? Yes No

If you answered yes to any of the questions in this section, please give details (please use the space on the back of this form if necessary)

Medical Information The medical information you provide will be used to assist us to process your application appropriately. The information will be shared with relevant parties and only in order to ensure your wellbeing whilst living in College accommodation.

If for any reason you do not want the information to be passed to anyone else, please tick the box below.

I do not want my medical details passed on to any other parties.

EMERGENCY CONTACT

Emergency Contact Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode

Emergency Contact Numbers (please include area code numbers)

Telephone	Fax
Mobile	
Email Address	

HOBBIES & INTERESTS - Please list any hobbies and interests you may have

WHERE DID YOU HEAR ABOUT CHICHESTER COLLEGE?

Please tick the relevant box(es)

- Advertisement School, college or university Agent Internet
- Exhibitor / Seminar Friend or relative Other _____
(please state)

CURRENT SCHOOL - Please give the name and address of the school you are currently attending

PAYMENT DETAILS

Who is paying your accommodation fees?

- Yourself, parents or family Agent Other (please specify) _____

Are you sponsored by the Hong Kong Government? Yes No

You may pay your accommodation fees or arrangement fee by one of the following methods:

(please tick your preferred choice)

- Bank Transfer** Please ensure that the bank transfer includes the student's name and attach a copy of the transfer to this application form. The transfer should be made in sterling to:
- Lloyds TSB Bank plc, 10 East Street, Chichester, West Sussex. PO19 1HJ
- Account Name: Chichester College
Sort Code: 30-91-97
Account Number: 01924620
BIC: LOYDGB 21233
Iban: GB69 LOYD 3091 9701 924620
- Cash** If you are currently living in the UK you may make your payment at the College. Please do not send cash through the post and we do not recommend that you travel to the UK with large sums of cash.
- Bankers Draft** You may send a bankers draft in sterling payable to: **Chichester College**
- Credit Card** To pay your fees by switch, Delta, Visa, Mastercard or Solo please complete the credit/debit card form below
- Cheque** Please make cheques payable to: **Chichester College**

I wish to pay by Switch/Visa Delta/Visa/Mastercard (not Electron)

I hereby authorise **Chichester College** to debit my debit/credit card for the sum of

£ _____

Card No.	_____	Start Date	_____	Expiry Date	_____
Name on Card	_____	Security Code (last 3 digits on reverse of card)	_____	Issue Number (Switch only)	_____
Registered Card Address	_____				
Mail Address (if different)	_____ _____				
Signature	_____			Date	_____

WHERE DID YOU HEAR ABOUT CHICHESTER COLLEGE?

Please tick the relevant box(es)

- | | |
|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School, college or university |
| <input type="checkbox"/> Exhibiton / Seminar | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other _____
(please state) | |

PARENTAL PERMISSION (Must be completed if you are under 18 years of age)

Dear Parent/Guardian,

Throughout the year the College will be running a variety of day trips and visits. Details will be given on each trip/visit, however, to ensure the smooth running of the process, we ask that you complete a consent form for your son/daughter to take part in these activities.

I wish my son/daughter

(full name of student, in capital letters please)

Date of birth

Student ID No.

to be allowed to take part in College day trips/visits throughout the academic year which begins in September and ends in July and I agree to his/her taking part in any or all of the activities described under the conditions set out. I understand that during these trips students may have free time and will not be directly supervised but that all trip supervisors will be contactable.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that rules and any instructions given by the staff in charge are obeyed.

I understand that, while the college staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Note: Your son/daughter will be covered by the College's insurance in the event of injury incurred during the excursion.

I consent to any emergency medical treatment necessary during the course of the visit.

Signed

Date

Relationship

College Marketing

We may occasionally take photographs of successful students or of notable college events, which include your son/daughter.

If you do not wish such pictures to be used for normal publicity purposes, including the College's publicity material, please tick this box.

SIGNATURE (Student or Parent/Guardian if student is under 18 years old). **IMPORTANT:** By enrolling the student on the course the parents/guardians are granting permission for the student to attend all activities organised by the College.

I agree that the information contained on this form can be given to my accommodation provider.

Signature

Date

Whilst every effort will be made to meet your specific request, accommodation is limited. The sooner you submit this form the more likely that your needs will be met. Please return this form, together with your Application Form and deposit to:

Accommodation Services, Chichester College, Westgate Fields, Chichester, West Sussex. PO19 1SB

Chichester Campus: Chichester College, Westgate Fields, Chichester, West Sussex. PO19 1SB

Brinsbury Campus: Chichester College, North Heath, Pulborough, West Sussex. RH20 1DL