

Application Form for International Students

Full-time Courses

Session 20 - 20

Attach
Photograph
Here

Please complete this form in **BLOCK CAPITALS**

COURSE DETAILS

Course Required (for English Language courses please state programme)

Course Dates

From:

To:

**For English Language
course ONLY**

Weekly Hours (English course ONLY)

15
hours

20
hours

25
hours

English-Extra - Please indicate your options

1

2

PERSONAL DETAILS

Family Name

First Names

Gender (please tick appropriate box)

Male

Female

Marital Status (please tick appropriate box)

Married

Single

Country of Birth

Nationality

Passport Number (please attach a photocopy of your passport)

Date of Birth

Do you need to apply for a student visa?

Yes

No

CONTACT DETAILS

Your Address (if you are under 18 please give your parents' / guardian's address)

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

Your Contact Numbers (please include area code numbers)

Telephone
<input type="text"/>
Fax
<input type="text"/>
Mobile
<input type="text"/>
Email Address
<input type="text"/>

Agent's Name and Address (if applicable)

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

Agent's Contact Numbers (please include area code numbers)

Telephone
<input type="text"/>
Fax
<input type="text"/>
Mobile
<input type="text"/>
Email Address
<input type="text"/>

ACCOMMODATION

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

For students aged 16-17 years:

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 years and above:

Westgate Halls of Residence

Stockbridge 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 willing to share with students who speak the same first language as you? Yes No

Are you a vegetarian? Yes No

Are there any foods you cannot eat?
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?

Do you have any medical problems? Yes No

If Yes, please state which

Do you smoke? Yes No

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. Dogs Cats

I have an allergy to:

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

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

	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

TRAVEL HISTORY

Have you travelled overseas before? Yes No

If Yes, did you stay with a family?

Yes No

Have you visited the UK before? Yes No

If Yes, where did you live?

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ENGLISH ABILITY

Please rate your ability to listen and speak in English:

Excellent

Good

Poor

Please rate your ability to read and write English:

Excellent

Good

Poor

Your ability to communicate in English is:

Excellent

Good

Poor

PAYMENT OF FEES OR DEPOSIT

Who is paying your tuition fees?

Yourself, parents or family Agent Other (please specify)

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 fees, course deposit or accommodation 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.	<input type="text"/>	Start Date	<input type="text"/>	Expiry Date	<input type="text"/>
Name on Card	<input type="text"/>	Security Code <small>(last 3 digits on reverse of card)</small>	<input type="text"/>	Issue Number <small>(Switch only)</small>	<input type="text"/>
Registered Card Address	<input type="text"/>				
Mail Address <small>(if different)</small>	<input type="text"/>				
Signature	<input type="text"/>			Date	<input type="text"/>

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)

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

Note: Photographs may be taken that 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.

APPLICATION CHECKLIST

Before sending this form please ensure you have completed the following:

- Completed this form IN FULL Enclosed payment Enclosed academic transcripts and certificates
- Enclosed a copy of your passport Enclosed English Language Certificate and work experience references

SIGNATURE (Student or Parent/Guardian if student is under 18 years old)

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:

International Centre, Chichester College, Westgate Fields, Chichester, West Sussex. PO19 1SB ENGLAND