

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. for 1st choice 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**
- St. Christopher's Close** **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:

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)

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)

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

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

ADDITIONAL DETAILS

If required, the space below may be used to provide additional information to the answers you have given on this form (such as any detailed medical information). It may also be used to give any other relevant information in support of your application.

ADDITIONAL DETAILS (continued)

If required, the space below may be used to provide additional information to the answers you have given on this form (such as any detailed medical information). It may also be used to give any other relevant information in support of your application.

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