Student Centre | Chichester College | Westgate Fields Chichester | West Sussex | PO19 1SB | ENGLAND

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studyabroad@chichester.ac.uk



Please complete all sections of this form in BLOCK CAPITAL LETTERS.

INTERNATIONAL APPLICATION FORM

COURSE DETAILS COURSE REQUIRED:		
SUBJECT(S):		
COURSE DATES:		EXPECTED ARRIVAL & DEPARTURE DATES: (IF KNOWN)
FROM:	T0:	FROM: TO:
PERSONAL DETAILS FAMILY NAME: FIRST NAME(S):		
GENDER: (PLEASE TICK APPROPRIATE BOX)	TITLE:	NATIONALITY:
FEMALE UNSPECIFIED UNSPECIFIED	DATE OF BIRTH:	COUNTRY OF BIRTH:
CONTACT DETAILS		
YOUR CONTACT DETAILS ADDRESS:		AGENT'S CONTACT DETAILS ADDRESS:
COUNTRY: TELEPHONE: (PLEASE INCLUDE AREA CODE NUMBER)		COUNTRY: TELEPHONE: (Please include area code number)
MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)		MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)
EMAIL:		EMAIL:



ACCOMMODATION (IMPORTANT: PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF ACCOMMODATION EG 1 - FIRST CHOICE / 2 - SECOND CHOICE)

FOR STUDENTS AGED 16-17 YEARS (OLD	FOR STUDENTS AGED 18 YEARS	AND ABOVE
WOODLANDS HALLS OF RESIDENCE - (FULL BOARD ONLY) H*		WESTGATE HALLS OF RESIDENCE - Standard Room	
OMESTAY (HALF BOARD)**			
UMESTAT (NALF DUARD)		WESTGATE HALLS OF RESIDENCE - Premium Room	
		HOMESTAY (HALF BOARD)*	
* IF YOU WOULD LIKE TO MOVE TO WESTGA THIS NEEDS TO BE REQUESTED ON APPLICAT **UP TO FOUR STUDENTS MAY BE ACCOMMO	TION	*UP TO FOUR STUDENTS MAY BE ACCO	MMODATED IN HOMESTAY
ACCOMMODATION REQUIREMENTS			
ARE YOU WILLING TO SHARE A ROOM?	YES NO	DO YOU HAVE ANY MEDICAL PROBLEMS?	YES NO
ARE YOU WILLING TO SHARE WITH STUDENTS WHO SPEAK THE SAME FIRST LANGUAGE AS YOU?	YES NO	IF YES, PLEASE GIVE DETAILS:	
DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?	YES NO		
IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOODS YOU CAN (EG CELIAC, VEGETARIAN, ETC):	INOT EAT		
		DO VOIL CHOVES	YES NO
		DO YOU SMOKE?	
		ARE YOU WILLING TO LIVE IN A HOUSEHOLD WITH SMOKER MANY BRITISH FAMILIES HAVE PETS. IF YOU HAVE AN ALL	
		(EG DOG, CAT, RABBIT, ETC), PLEASE GIVE DETAILS BELOW	
IF UNDER 18, ARE YOU WILLING TO SHARE WITH STUDENTS WHO ARE 18+?	YES NO		
DO YOU HAVE ANY SPECIAL REQUESTS REGARDING ACCOMMO	DATION?		
UNDDIEG O INTEDECTO (DIEACELET HO	NAOW AC THIC WILL HELD III	C WILLY DI AGINO VOIL IN VOID HOMFCTAV AG	
UNDDIES & INTERESTS (PLEASE LET US	O KNOM 42 THIS MILL HELL O	S WHEN PLACING YOU IN YOUR HOMESTAY AC	CUMMUDATIUN)

MEDICAL DETAILS (ALL QUESTIONS MUST B	E ANSWERED AND PLEASE	ATTACH ANY RELEVANT MEDICAL REPORTS TO	THIS FORM)
DO YOU HAVE A DISABILITY THAT MAY AFFECT YOUR ACCOMMODATION REQUIREMENTS?	YES NO	DO YOU HAVE A LEARNING DISABILITY/DIFFICULTY EG AUTISM OR ADHD?	YES NO
DO YOU TAKE ANY MEDICATION OF ANY KIND, WHETHER PRESCRIBED OR NOT?	YES NO	OTHER ILLNESS OR DISABILITY?	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	EHCP	YES NO
DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS, ANY OUTSTANDING COURT PROCEEDINGS, OR ARE YOU RELEASED UNDER POLICE INVESTIGATION?	YES NO		
IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION,	PLEASE GIVE DETAILS?		
HAVE YOU BEEN VACCINATED AGAINST TETANUS IN THE LAST 5 YEA	ARS AND HEPATITIS A OR B, DIPTHER	IA, MMR (MEASLES, MUMPS & RUBELLA) AND MENINGOCOCCAI	.? YES NO
IF NO, WHICH ONES HAVE YOU NOT BEEN VACCINATED AGAINST?:			
MEDICAL INFORMATION			
IT MAY BE IMPORTANT TO YOUR WELFARE THAT THIS MEDICAL INFO			YES NO
I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED IN APPRO	PRIATE CIRCUMSTANCES WITH RELE	VANI INIKU PAKIIES.	
			_
PAYMENT OF FEES OR DEPOSIT			
WHO IS PAYING FOR YOUR TUITION FEES?			
YOURSELF, PARENTS OR FAMILY AGENT OTI	HER (PLEASE SPECIFY)		
WHO IS PAYING FOR YOUR ACCOMMODATION FEES?			
YOURSELF, PARENTS OR FAMILY AGENT OT	HER (PLEASE SPECIFY)		
ARE YOU SPONSORED BY THE HONG KONG GOVERNMENT?	YES NO		
THE 190 OF SHOOKER RETAILED HONG HONG BUTERIMENT:			
VISA INFORMATION			
HAVE YOU PREVIOUSLY STUDIED IN THE UK?	YES NO	IE VOIL UAVE ANGMEDED VEG TO FITHER OF THESE OFFICE	IC DI FACE DDOVINE CODIFO
HAVE YOU PREVIOUSLY HAD A TIER 4 VISA?		IF YOU HAVE ANSWERED YES TO EITHER OF THESE QUESTION OF ALL OF THE OLD UK VISAS.	IS, PLEASE PROVIDE GUPIES
	YES NO		

AIRPORT TRANSFERS						
NOT REQUIRED YES, HEATHROW (ONE WAY) YES, SOUTHAMPTON (ONE WAY)	ALL HAVE REQUESTED A TRANSPER					
YES, GATWICK (ONE WAY) YES, HEATHROW (RETURN) YES, SOUTHAMPTON (RETURN) SERVI	OU HAVE REQUESTED A TRANSFER ICE, Please send US Your Flight ILS once you have booked Your Flight.					
YES, GATWICK (RETURN) YES, STANSTED (ONE WAY)	ILS ONGE TOO HAVE DOONED TOOK TEIGHT.					
SIGNATURE (STUDENT OR PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE) IMPORTANT: BY ENROLLING THE STUDENT ONTO THE COURSE THE PARENT/GUARDIAN IS 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. SIGNED: DATE: I CAN CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS, WHICH CAN BE FOUND ON THE COLLEGE WEBSITE (HTTPS://CHICHESTER.AC.UK/SITES/DEFAULT/FILES/TANDCS.PDF), PLEASE TICK THE BOX						
General Data Protection Regulation (GDPR) Your data is being held securely and in compliance with GDPR. You have the right to access, review, and update this data for completeness and accuracy at any time. The information is held as hard copy. The information is used for your stay at the college including your host provider if applicable. The data is held for 7 years as part of your student file. After this time the data	TICK THIS BOX IF YOU WISH TO BE CONTACTED VIA PHONE OR EMAIL WITH FURTHER INFORMATION FROM THE COLLEGE ABOUT COURSES, LEARNING OPPORTUNITIES, SURVEYS AND RESEARCH WE WILL NOT PASS YOUR DETAILS					

RETURNING THE COMPLETED FORM

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 email to **studyabroad@chichester.ac.uk** or post with required deposit to **Student Centre, Chichester College, Westgate fields, Chichester, West Sussex, PO19 1SB, ENGLAND**