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Chichester
college

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

ACCOMMODATION APPLICATION FORM

COURSE DETAILS

COURSE REQUIRED:

SUBJECT(S):

COURSE DATES:

EXPECTED ARRIVAL & DEPARTURE DATES: (IF KNOWN)

FROM:

TO:

FROM:

TO:

PERSONAL DETAILS

FAMILY NAME:

FIRST NAME(S):

GENDER: (PLEASE TICK APPROPRIATE BOX)

FEMALE ☐

MALE ☐

UNSPECIFIED ☐

TITLE:

DATE OF BIRTH:

NATIONALITY:

COUNTRY OF BIRTH:

CONTACT DETAILS

YOUR CONTACT DETAILS

ADDRESS:

COUNTRY:

TELEPHONE: (PLEASE INCLUDE AREA CODE NUMBER)

MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)

EMAIL:

PARENT'S CONTACT DETAILS

ADDRESS:

COUNTRY:

TELEPHONE: (PLEASE INCLUDE AREA CODE NUMBER)

MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)

EMAIL:

IMPORTANT - PLEASE CONTINUE OVERLEAF



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

- ☐ WOODLANDS HALLS OF RESIDENCE - (FULL BOARD ONLY) *
- ☐ HOMESTAY (HALF BOARD) **

* IF YOU WOULD LIKE TO MOVE TO WESTGATE WHEN TURNING 18
THIS NEEDS TO BE REQUESTED ON APPLICATION
**UP TO FOUR STUDENTS MAY BE ACCOMMODATED IN HOMESTAY

FOR STUDENTS AGED 18 YEARS AND ABOVE

- ☐ WESTGATE HALLS OF RESIDENCE - Standard Room
- ☐ WESTGATE HALLS OF RESIDENCE - Premium Room
- ☐ HOMESTAY (HALF BOARD)*

*UP TO FOUR STUDENTS MAYBE ACCOMMODATED IN 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 ☐
- DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? YES ☐ NO ☐

IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOODS YOU CANNOT EAT (EG CELIAC, VEGETARIAN, ETC):

- 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 GIVE DETAILS:

- DO YOU SMOKE? YES ☐ NO ☐

- ARE YOU WILLING TO LIVE IN A HOUSEHOLD WITH SMOKERS? YES ☐ NO ☐

MANY BRITISH FAMILIES HAVE PETS. IF YOU HAVE AN ALLERGY TO AN (EG DOG, CAT, RABBIT, ETC), PLEASE GIVE DETAILS BELOW:

HOBBIES & INTERESTS (PLEASE LET US KNOW AS THIS WILL HELP US WHEN PLACING YOU IN YOUR HOMESTAY ACCOMMODATION)

MEDICAL DETAILS (ALL QUESTIONS MUST BE 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 YEARS AND HEPATITIS A OR B, DIPHTHERIA, MMR (MEASLES, MUMPS & RUBELLA) AND MENINGOCOCCAL?
IF NO, WHICH ONES HAVE YOU NOT BEEN VACCINATED AGAINST?:

YES ☐ NO ☐

MEDICAL INFORMATION

IT MAY BE IMPORTANT TO YOUR WELFARE THAT THIS MEDICAL INFORMATION IS SHARED WITH RELEVANT PARTIES WHILST LIVING IN COLLEGE ACCOMMODATION.
I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED IN APPROPRIATE CIRCUMSTANCES WITH RELEVANT THIRD PARTIES.

YES ☐ NO ☐

PAYMENT OF FEES OR DEPOSIT

WHO IS PAYING FOR YOUR TUITION FEES?

YOURSELF, PARENTS OR FAMILY ☐ AGENT ☐ OTHER (PLEASE SPECIFY) ☐

WHO IS PAYING FOR YOUR ACCOMMODATION FEES?

YOURSELF, PARENTS OR FAMILY ☐ AGENT ☐ OTHER (PLEASE SPECIFY) ☐

ARE YOU SPONSORED BY THE HONG KONG GOVERNMENT?

YES ☐ NO ☐

VISA INFORMATION

HAVE YOU PREVIOUSLY STUDIED IN THE UK?

YES ☐ NO ☐

HAVE YOU PREVIOUSLY HAD A TIER 4 VISA?

YES ☐ NO ☐

IF YOU HAVE ANSWERED YES TO EITHER OF THESE QUESTIONS, PLEASE PROVIDE COPIES
OF ALL OF THE OLD UK VISAS.

IMPORTANT - PLEASE CONTINUE OVERLEAF



AIRPORT TRANSFERS

NOT REQUIRED

☐

YES, HEATHROW (ONE WAY)

☐

YES, SOUTHAMPTON (ONE WAY)

☐

YES, GATWICK (ONE WAY)

☐

YES, HEATHROW (RETURN)

☐

YES, SOUTHAMPTON (RETURN)

☐

YES, GATWICK (RETURN)

☐

YES, STANSTED (ONE WAY)

☐

*IF YOU HAVE REQUESTED A TRANSFER SERVICE, PLEASE SEND US YOUR FLIGHT DETAILS ONCE YOU HAVE BOOKED YOUR FLIGHT.

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](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 will be securely and permanently destroyed.

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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 ONTO THIRD PARTIES FOR MARKETING PURPOSES

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