University of Cumbria Application for Halls of Residence Lancaster International Students - Academic Year 2020/2021

PLEASE ENS	URE YOU COMPLETE AND RETURN	BOTH PAGES OF THIS FOR	RM	
Surname / Family Name				
First Name (s)			Please attach	
Male or Female	Age		photo here	
Date of Birth				
Nationality				
Home Address		'		
Home Telephone No.				
Mobile Telephone No.		Please ✓ if you are happy fo	or us to text you	
E-mail Address (If your application is successful the accommodatio contract will be sent to this e-mail address. Pleas ensure that you check your account regularly durin this period and that your inbox has enough space treceive the supporting documents.				
Course Title E.g. PGCE Primary				
Name, Address and Telephone Number of Next of Kin (who we can contact in an emergency)				
Where do you wish to live? (pl	ease tick ✓)			
Waddell No (catered, on ca		outh (Self Catered— on campus)		
SEMESTER 1 ONLY September-Jan	SEMESTER 2 ONLY January-May	FULL ACAD		
Lancaster). This amount is cred	ngle semester students living in a cate ited to the student's Cumbria Card in f ables VAT-free purchasing on all food i redit.	ull and is to be spent between	1 January 2020	
All accommodation contracts a Christmas and Easter vacation times.	re a fixed length and cost – no refu s you can stay in your accommodation	nds are given if you move ou on however limited catering is	at early. During the savailable at these	
Please note that paymen International Students.	of Accommodation Fees must	be made in full, prior t	to arrival for all	
Office Use Only				
Date Received	Room allocated	Student No.		

PREFERENCES: (although we do take account of preferences, Please tick ✓ the box(es) below which apply to		
Do you want to share a flat with anyone in particular?	(if yes, please write their name below and return forms together)	Yes/No
		Yes/No
Would you prefer to live in a single sex flat?		
Would you prefer to live in a quiet area?		Yes/No
What sort of leisure activities do you enjoy? (please brief	fly detail below)	
Please tick ✓ the box(es) below that apply to yo	air	
No disability	Autistic Spectrum Disorder or Asperger Syndrome	
Specific Learning Disability i.e. Dyslexia	Mental Health Difficulties	
Blind or Partially Sighted	Unseen Disability (Diabetes/Epilepsy/Heart Condition)	
Deaf or Hard of Hearing	If you have a Disability/Special Need/Medical Condition please state below	not listed,
Wheelchair User or Mobility Difficulties	picase state below	
If you have ticked any of the above disabilities	please answer the questions below:	
If you have ticked any of the above disabilities	•	[12 /ni
Have you declared your disability to the University Dis	ability Adviser?	Yes/No
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the	ability Adviser? University Disability Adviser?	Yes/No
Have you declared your disability to the University Disability to the University Disability your agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the	ability Adviser? University Disability Adviser?	Yes/No Yes/No
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication?	ability Adviser? University Disability Adviser? nat you require a ground floor room?	Yes/No Yes/No Yes/No
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day?	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night?	Yes/No Yes/No
Have you declared your disability to the University Disability of the University Disability On you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note)	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night? details)	Yes/No Yes/No Yes/No
Have you declared your disability to the University Disability of the University Disability On you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note)	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night?	Yes/No Yes/No Yes/No
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note Any information you provide us with about disability ensure we can provide you with any additional fac	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night? details) will be used to help us to allocate you a suitable roilities or support you may require. The information sability Advisor where necessary (and only where you	Yes/No Yes/No Yes/No Yes/No oom and to will not be
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note Any information you provide us with about disability ensure we can provide you with any additional fact disclosed to anyone else, except for the University Di	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night? details) will be used to help us to allocate you a suitable roilities or support you may require. The information sability Advisor where necessary (and only where you	Yes/No Yes/No Yes/No Yes/No oom and to will not be
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note Any information you provide us with about disability ensure we can provide you with any additional fact disclosed to anyone else, except for the University Di your consent to this by indicating this in the box above DECLARATION I certify that the information given is correct and compared to the provide your discorded to the provide your discorded to anyone else, except for the University Di your consent to this by indicating this in the box above	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night? details) will be used to help us to allocate you a suitable roilities or support you may require. The information sability Advisor where necessary (and only where you	Yes/No Yes/No Yes/No Yes/No oom and to will not be have given
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note Any information you provide us with about disability ensure we can provide you with any additional fact disclosed to anyone else, except for the University Di your consent to this by indicating this in the box above DECLARATION I certify that the information given is correct and composis of my student record at University of Cumbria and composis of my student record at University of Cumbria and compositions.	At night? Will be used to help us to allocate you a suitable resilities or support you may require. The information sability Advisor where necessary (and only where you etc.).	Yes/No Yes/No Yes/No Yes/No oom and to will not be have given
Have you declared your disability to the University Dis Do you agree to us discussing your condition with the Do you experience difficulty with stairs to the extent the Will you require a fridge to store medication? Are you able to hear fire alarms: During the day? Do you have any dietary needs? (if yes, please briefly note Any information you provide us with about disability ensure we can provide you with any additional fact disclosed to anyone else, except for the University Di your consent to this by indicating this in the box above DECLARATION I certify that the information given is correct and complasis of my student record at University of Cumbria ar 2018.	ability Adviser? University Disability Adviser? nat you require a ground floor room? Yes/No At night? details) will be used to help us to allocate you a suitable rouse illities or support you may require. The information sability Advisor where necessary (and only where you e). plete and I understand that the information provided wind will be processed in accordance with the Data Protection. Date	Yes/No Yes/No Yes/No Yes/No oom and to will not be have given