

University of Cumbria

Application for Halls of Residence in Ambleside

Undergraduate HE Students - Academic Year 2020/2021

Please ensure you complete & return BOTH pages of this form.

Surname / Family Name				Please insert photo here
First Name (s)				
Male or Female				
Date of Birth		Age	Yrs Mths	
Nationality				
Home Address				
Home Telephone No				
Mobile Telephone No				
E-mail Address	Contact from the accom dept is via email. Ensure you list a current e mail address which you check regularly & which has capacity for large attachments.			
Course Title				
Name, Address and Telephone No of Next of Kin (who to contact in an emergency)				

Which room type do you prefer?- Indicate in order of preference 1-6 1 being the highest.
Although we do take account of preferences , these cannot be guaranteed.

Room Type/ Price per week	Fell Court £120.00	Fairfield £112.03	Large Single £98.86	Standard Single £90.70	Ensuite Twin £74.57	Twin £66.57
Preference						

All rooms are offered on a self catered basis with access to a fully fitted kitchen. Rents include bills and internet access.
 All accommodation contracts are for a minimum of 42 weeks
 You are welcome to stay in your accommodation during the Christmas & Easter vacations.

OFFICE USE ONLY		
Date Received	Room Allocated	Student No
_____	_____	_____

PREFERENCES: (although we do take account of preferences, these cannot be guaranteed)

Please tick ✓ the box(es) below that apply to you:

Do you want to share a flat with anyone in particular? (if yes, please write their name below and return forms together)	Yes/No
Would you prefer to live in a quiet flat?	Yes/No
Would you prefer to live in a single sex flat?	Yes/No
Would you like to be considered for a room in a showflat, available for viewing by prospective students? As an incentive you would receive £50 catering credit per term and cleaning provided for the communal area.	Yes/No
What sort of leisure activities do you enjoy? (please briefly detail below)	

Please tick ✓ the box(es) below that apply to you:

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		Disability/Special Need/Medical Condition not listed (please state below)	
Wheelchair User or Mobility Difficulties		_____	

If you have ticked any of the above disabilities please answer the questions below:

Have you declared your disability to the University Disability Adviser?		Yes/No
Do you agree to us discussing your condition with the University Disability Adviser?		Yes/No
Do you experience difficulty with stairs to the extent that you require a ground floor room?		Yes/No
Will you require a fridge to store medication?		Yes/No
Are you able to hear fire alarms: During the day?	Yes/No	At night? Yes/No

Do you have any Allergies or dietary needs? (if yes, please briefly note details)

DECLARATION

I certify that the information given is correct and complete and I understand that the information provided will form the basis of my student record at University of Cumbria and will be processed in accordance with the Data Protection Act 1998.

Student signature _____ **Date** _____

When this form is complete please return to:-

The Accommodation Office
University of Cumbria
Ambleside Campus
Ambleside
Cumbria LA22 9BJ

Tel 015394 30224

Email: amblesideaccom@cumbria.ac.uk