

University of Cumbria

Application for Halls of Residence

Carlisle International Students - Academic Year 2020/2021

PLEASE ENSURE YOU COMPLETE AND RETURN BOTH PAGES OF THIS FORM

Surname / Family Name				Please attach photo here
First Name (s)				
Male or Female		Age		
Date of Birth				
Nationality				
Home Address				
Home Telephone No.				
Mobile Telephone No.				Please ✓ if you are happy for us to text you
E-mail Address <small>(If your application is successful the accommodation contract will be sent to this e-mail address. Please ensure that you check your account regularly during this period and that your inbox has enough space to receive the supporting documents.)</small>				
Course Title <small>E.g. PGCE Primary</small>				
Name, Address and Telephone Number of Next of Kin <small>(who we can contact in an emergency)</small>				

Where do you wish to live? (please tick ✓)

Denton Holme Student Village <small>(self catered– off campus)</small>	<input type="checkbox"/>	Brampton Road Halls—Standard <small>(self catered– on campus)</small>	<input type="checkbox"/>	Carrock Halls, Fusehill St—Ensuite <small>(self-catered—on campus)</small>	<input type="checkbox"/>
SEMESTER 1 ONLY September-Jan	<input type="checkbox"/>	SEMESTER 2 ONLY January-May	<input type="checkbox"/>	FULL ACADEMIC YEAR 42 Weeks	<input type="checkbox"/>

Catering packages of £200 are available. This amount is credited to the student's Cumbria Card in full and is to be spent between 1 September 2020 and 31 July 2022. The card enables VAT-free purchasing on all food in any catering outlet at our campuses. No refunds are given for unused catering credit.

All accommodation contracts are a fixed length and cost – no refunds are given if you move out early. During the Christmas and Easter vacations you can stay in your accommodation however limited catering is available at these times.

If you would like a £200 catering package to be added to your account please tick here:

☐

Please note that payment of Accommodation Fees must be made in full, prior to arrival for all International Students.

Office Use Only		
Date Received	Room allocated	Student No.
_____	_____	_____

PREFERENCES: (although we do take account of preferences, these can not be guaranteed)
Please tick ✓ the box(es) below which 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 single sex flat?	Yes/No
Would you prefer to live in a quiet ?	Yes/No
What sort of leisure activities do you enjoy? (please briefly detail below)	
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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		If you have a Disability/Special Need/Medical Condition not listed, please state below	
Wheelchair User or Mobility Difficulties		<hr/>	

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 dietary needs? (if yes, please briefly note details)			
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Any information you provide us with about disability will be used to help us to allocate you a suitable room and to ensure we can provide you with any additional facilities or support you may require. The information will not be disclosed to anyone else, except for the University Disability Advisor where necessary (and only where you have given your consent to this by indicating this in the box above).

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 has been completed, please return to:

Accommodation Office, University of Cumbria, Fusehill Street, Carlisle, CA1 2HH
 Email: carlisleaccom@cumbria.ac.uk