## University of Cumbria Application for Halls of Residence in Lancaster Undergraduate HE Students - Academic Year 2020/21

PLEASE ENS	URE YOU	U COMPLETE AND RET	URN <u>I</u>	вотн	PAGES O	F THIS FO	RM	
Surname								
First Name (s)								e attach
Male or Female								ograph ere
Date of Birth		1	Age		Yrs	Mths		
Nationality		<u>'</u>						
Home Address								
Home Telephone No								
<b>Mobile Telephone No</b>					Please √ i	f you are ha	ppy for us t	to text you
E-mail Address	(If your appli	cation is successful the accommodation or regularly during this period and that you	contract wil ur Inbox ha	l be sent t s enough	to this e-mail addrespace to receive th	ess during May 201 ne supporting docu	.7. Please ensur ments.)	e that you check
<b>Campus of Study</b>								
Course Title								
Name, Address and Telephone No of Next of Kin (who to contact in an emergency)								
Where do you wish to live	? Please	enter a preference besid	le each	hall (	1 being yo	ur first cho	ice, 3 you	r last)
Waddell North (catered) Ensuite Room £118.18pv	V	Waddell North (catered) standard room £9	0.7pw		(Self Catero	<b>/addell Sou</b> ed) Economy r	<b>th</b> oom £70pw	
CATERING OPTIONS FOR 2020 CAMPUS Flexible prepaid meal plans are available t requirements. If you have chosen to live i plan package. The plan enables VAT-free purchasing on	o suit your a n a catered l	appetite and meal hall, you are purchasing a £300 i	meal	Мє	eal Plans	Annual Cost		lit to your abria card
Ambleside and Lancaster campuses.	all food in a	ny catering outlet at the Fuseniii	Street,	-	Plan 1	£300		Pre arrival 0 October
ARE YOU WILLING TO HAVE A £50 catering credit will be applied						R? ick ✓ if you	agree to t	:his
		Office Use C	Only					
Date Received		Room allocated				Student No		

<b>PREFERENCES:</b> (although we do take account of preint Please answer the following questions:	ferences, thes	se can not be guaranteed)		
Do you want to share a flat with anyone in part	ticular? (if y	es, please write their name below and return forms together)	Yes/	/No
Would you prefer to live in a quiet area? Would you prefer to live in a single sex flat?			Yes/No Yes/No	
Please tick ✓ the box(es) below that apply No disability	y to you:	Autistic Spectrum Disorder or Asperger Syndrome		
No disability	y to you:	Autistic Spectrum Disorder or Asperger Syndrome  Mental Health Difficulties		
No disability  Specific Learning Disability i.e. Dyslexia	y to you:			
No disability  Specific Learning Disability i.e. Dyslexia  Blind or Partially Sighted	y to you:	Mental Health Difficulties	not liste	æd,
No disability  Specific Learning Disability i.e. Dyslexia  Blind or Partially Sighted  Deaf or Hard of Hearing	y to you:	Mental Health Difficulties  Unseen Disability (Diabetes/Epilepsy/Heart Condition)  If you have a Disability/Special Need/Medical Condition	not list	:ed,
. , ,		Mental Health Difficulties  Unseen Disability (Diabetes/Epilepsy/Heart Condition)  If you have a Disability/Special Need/Medical Condition please state below	not liste	ted,

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

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).

All accommodation contracts are a minimum length of 42 weeks and during the Christmas and Easter vacations you can stay in your accommodation, however limited catering is available at these times. Please be aware that should you elect to complete work placements outside daily travelling distance of the local area which requires staying overnight, you will still be held to the full term of your accommodation contract. For help with any additional accommodation costs you should contact the University Placement Office.

DECLARATION	
certify that the in tudent record at l	nformation given is correct and complete and I understand that the information provided will form the basis of my University of Cumbria and will be processed in accordance with the Data Protection Act 1998.
Student signat	zure Date
When this form h	has been completed, please return to: lancasteraccom@cumbria.ac.uk or
	Accommodation Office, University of Cumbria, Bowerham Road, Lancaster, LA1 3JD.