

# University of Cumbria

## Application for Halls of Residence in Lancaster

### Postgraduate HE Students - Academic Year 2020/21

**PLEASE ENSURE YOU COMPLETE AND RETURN BOTH PAGES OF THIS FORM**

<b>Surname</b>				Please attach photo here	
<b>First Name (s)</b>					
<b>Male or Female</b>					
<b>Date of Birth</b>		<b>Age</b>	<b>Yrs</b>		<b>Mths</b>
<b>Nationality</b>					
<b>Home Address</b>					
<b>Home Telephone No.</b>					
<b>Mobile Telephone No.</b>					<input type="checkbox"/> Please ✓ if you are happy for us to text you
<b>E-mail Address</b>	<small>(If your application is successful the accommodation contract will be sent to this e-mail address during May 2017. Please ensure that you check your account regularly during this period and that your Inbox has enough space to receive the supporting documents.)</small>				
<b>Campus of Study</b>					
<b>Course Title</b>					
<b>Name, Address and Telephone No of Next of Kin</b> <small>(who to contact in an emergency)</small>					

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

<b>Waddell South (self catered, on campus) please select period below:</b>	
<b>Term 1. 6th September 2020– 20th December 2020</b>	<input type="checkbox"/>
<b>Term 2. 20th December 2020– 11th April 2021</b>	<input type="checkbox"/>
<b>Term 3. 11th April 2021– 10th July 2021</b>	<input type="checkbox"/>

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)	<b>Yes/No</b>
Do you play background music/watch TV whilst studying?	<b>Yes/No</b>
Would you prefer to live in a single sex flat?	<b>Yes/No</b>
Would you prefer to live in a quiet area?	<b>Yes/No</b>
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		If you have a 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?	<b>Yes/No</b>		
Do you agree to us discussing your condition with the University Disability Adviser?	<b>Yes/No</b>		
Do you experience difficulty with stairs to the extent that you require a ground floor room?	<b>Yes/No</b>		
Will you require a fridge to store medication?	<b>Yes/No</b>		
Are you able to hear fire alarms: During the day?	<b>Yes/No</b>	At night?	<b>Yes/No</b>

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

\_\_\_\_\_

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, Bowerham Road, Lancaster, LA1 3JD.