

CHICHESTER COLLEGE
International Centre

ACCOMMODATION FORM
All forms to be completed in full

1 Course:

Course dates from: _____ to: _____

2 Expected arrival in Chichester if known:

Date: _____ Time: _____

Expected departure date: _____ Time: _____

PERSONAL DETAILS

3 Family name: _____ First name: _____
Please tick: Male Female Married Single

Date of birth: _____ Age on arrival: _____ Nationality: _____

4 Address to which correspondence should be sent:

Telephone number (including area code): _____

Fax number (including area code): _____ Email: _____

5 Parent/Guardian's name:

Parent/ Guardian's address (if different from above): _____

ACCOMMODATION REQUIRED

6 BRINSBURY CAMPUS

Brinsbury Hall of Residence (Full-board only)

CHICHESTER CAMPUS

Please number 1st and 2nd choice of accommodation required eg: 1, 2

Would you prefer to stay in:

Woodlands Halls of Residence (Full-board only)
Minimum stay 1 year (16-18 years only)

Home stay (Half-board)

Home Stay (Self Catering)

For students aged 18 + on a minimum of 1 year full-time study courses
the following self-catering options are also available:

Westgate Halls
of Residence

St. Christopher's Close

Blackboy Court

Property Leasing Scheme
Student House

Student House
Privately owned

Requirements:

Are you willing to share a room? Yes No

Are you a vegetarian? Yes No

Are there any foods you cannot eat? Yes No

If yes, please state:

Do you have any medical problems? Yes No

If yes, please state:

Do you smoke?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you willing to live in household where people smoke?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Many British families have pets - do you have an allergy to cats or dogs?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have any special requests regarding accommodation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please state:

More about you:

7

Hobbies and Interests:

Do you play a musical instrument?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, which kind?

Do you enjoy sports?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, which kind?

Travel:

8

Have you visited this country before?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Did you live with a family?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, where did you live?

Have you travelled overseas before?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9 English

Please rate your ability to listen and speak in English:

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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Please rate your ability to read and write English:

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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Your ability to communicate in English is:

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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I agree that the information contained in this form can be given to my accommodation provider

Date:

Signed:

Whilst every effort will be made to meet your specific request, accommodation is limited. The sooner you submit this form the more likely that your needs will be met.