

# PRIVATE HOUSING ACCOMMODATION STUDENT ENQUIRY FORM



Please fully complete this form and return by fax to: 357 22776700

**1. PERSONAL DETAILS OF STUDENT** **2. PERSONAL DETAILS OF PARENT/GUARDIAN**

First Name		First Name
Surname		Surname
Date of Birth:	1c. Nationality:	Current Address:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Email:		Post Code:
Tel: /Mobile:		Tel: /Mobile:

**3. STUDY DETAILS:**     1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year     Postgraduate

University of Study:	Programme of Study:
Campus Area:	

**4. ACCOMMODATION DETAILS:**

- Budget Range: \_\_\_\_\_
- Residential Areas: \_\_\_\_\_
- Room Type:             Private     En suite     Studio
- Room sharing preferred:     All Male     All Female     Mix     None
- No. of rooms:             1             2             3             4             5

5. Is there any medical problem that we should know of? Yes  / No  (If yes specify below)

\_\_\_\_\_

**Other Details:**

6. Date of arrival in UK: \_\_\_\_\_ 7. Commencement of course: \_\_\_\_\_

**8. GROUP BOOKING**

Name:	M <input type="checkbox"/> / F <input type="checkbox"/>	Tel No:
Name:	M <input type="checkbox"/> / F <input type="checkbox"/>	Fax No:

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_