

INTERNATIONAL STUDENTS ACCOMMODATION FORM

Data on this form will be stored on computer.
Some information from this form will be sent to the DIUS, LSC and District Councils.

Surname/Family name:				
First name/s:				
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Date of birth:	Day	Month	Year	
Would you like the College to arrange homestay accommodation for you?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like advice about other accommodation (for example - self catering)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a special diet?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from any disability/allergy? If Yes, please give details:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
What date do you expect to arrive in Bath?			Day	Month
				Year 200

Raising Your Skills; Improving Life Chances