

Student and Key Worker Booking Form

Please complete all sections of the form. Failure to complete the form fully and clearly may delay your booking.

Title Dr / Mrs / Mrs / Mr / Miss (please delete the items not applicable)

Full Name

Date of Birth

Gender Female/Male/Transgender/Refused (please delete the items not applicable)

Contact Address

.....

Contact Details

Telephone Number

(Home)

(Work)

(Mobile)

0	3	0	0	4	2	2	6	2	3	3									

Email Address

Arrival Date

Departure Date.....

Employment (please tick box)

Full Time Student

Place of Study

Year of Study

Course

Student ID Number

Gloucestershire Academy

MBChB

Nationality (please tick box)

Non UK

UK

Passport Number

National Insurance Number

Emergency Contact Details

Name
Address
.....
Telephone No
Email
Relationship to you

I confirm that the information I have provided above is correct. I have read and accepted the terms and conditions attached with this application

Signature:.....Date:.....

Please ensure this form is handed to the Undergraduate Office at Gloucestershire Academy ASAP.

EQUAL OPPORTUNITIES MONITORING

You may feel that some of these questions are not directly relevant to the allocation of accommodation however this information must be kept and used to help us to monitor and develop services that ensure full equality of opportunity.

We recommend you read the leaflet “About the information we hold about you” and you consent to the processing of information as described in that leaflet. If you require a copy please contact the Accommodation Office.

1) How would you describe yourself? (please tick one box)

White:	British	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Any other White background	<input type="checkbox"/>	
Asian or Asian British:	Bangladeshi	<input type="checkbox"/>	
	Indian	<input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>	
	Any other Asian background	<input type="checkbox"/>	
Black or Black British:	African	<input type="checkbox"/>	
	Caribbean	<input type="checkbox"/>	
	Any other Black background	<input type="checkbox"/>	
Chinese:		<input type="checkbox"/>	
Mixed:	White and Asian	<input type="checkbox"/>	
	White and Black African	<input type="checkbox"/>	
	White and Black Caribbean	<input type="checkbox"/>	
	Any other mixed background	<input type="checkbox"/>	
Any other Ethnic Group:		<input type="checkbox"/>	Please specify ...

2) Do you consider yourself to have a disability? Yes / No

If yes, what is the nature of your disability?		
Physical Impairment	Wheelchair User	<input type="checkbox"/>
	Mobility Impairment	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Sensory Impairment	Sight	<input type="checkbox"/>
	Hearing	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Mental Impairment	Learning disability	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Are you registered disabled?	Yes / No	<input type="checkbox"/>

3) Please indicate the main religion of your household:

Baha'i	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Scientology	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Shinto	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jainism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Confucianism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Zoroastrian/Parsi	<input type="checkbox"/>
Daoism	<input type="checkbox"/>	Rastafarianism	<input type="checkbox"/>	Other	<input type="checkbox"/>

5) Sexual Orientation

Both Sexes	<input type="checkbox"/>	Not Specified	<input type="checkbox"/>	Opposite Sex	<input type="checkbox"/>
Question Refused	<input type="checkbox"/>	Same Sex	<input type="checkbox"/>		

6) Declaration

I agree this information may be kept and used to help you to monitor and develop services that ensure full equality of opportunity.

OR

I would prefer not to give this information

Terms and Conditions

Data Protection


1. By completing the Reservation Form the Tenant understands and agrees with note 1, 2 & 3 below and confirms that the information provided on this form is correct to the best of their knowledge.
 - a. If any false information is supplied in connection with this application, the application may be cancelled
 - b. Legal action may be taken against any person who obtained accommodation as a result of giving false or misleading information
 - c. Spectrum may contact other persons/organisations to obtain verification of any details you have provided or to obtain further information relevant to this application.
2. By signing this form you will be deemed to have consented to the processing of your personal information in accordance with the Data Protection Act 1998, and as set out in the leaflet “Information we Hold about You” which is available on the website or from the Accommodation Office.
3. The information provided will be treated as confidential in accordance with Spectrum Housing Groups Confidentiality policy. In certain circumstances Spectrum may need to disclose all or part of it to a properly made request. By signing this form you will be deemed to have consented to the disclosure.

Tenancy Agreement

1. If you are staying more than 28 days you will be issued with a tenancy agreement.

For Completion by Authorised Personnel Only

Authorisation of Booking

Name	Dr Phil Davies		
Position	Dean		
Telephone Number	03004226233		
Comments			Priority
Signed		Date	