

# Accommodation Questionnaire



**ALTON  
HAVANT  
SOUTH DOWNS**

Please complete this form using a computer only

Date dd/mm/yy:

## Student Information

Title (Mr/ Mrs/Miss)

First Name:

Surname / Family name:

Country of Origin:

Nationality:

Date of Birth D/M/Y:

Gender: Male  Female

Address:

Tel No:

Mobile No:

Email:

Expected move in date:

Expected move out date:

Name of Agent/Representative (if applicable):

Name of course and subjects:

## Guardian NOK (next of kin) 24 hours in the UK contact details

Guardian Name:

Address:

Mobile Number

Home number:

Email:

WhatsApp

**Host family details**

Host family name(s)

Address:

Mobile number:

Email:

**If you have made your own accommodation arrangements, please provide details**

Friend/family/landlord

Address:

Mobile number:

Email:

**Parent(s) contact details**

Name:

Relationship:

Address:

Mobile number:

Email:

**Parent 2 if applicable:**

Name:

Relationship:

Address:

Mobile number:

Email:

## CRIMINAL CONVICTIONS

If you have a relevant criminal conviction, enter x in the yes box. Yes  No

If you are convicted of a relevant criminal offence after you have applied, you must inform the College.

**DISABILITY/SPECIAL NEEDS** (Please tick those that apply and give details of any special needs)

- No disability
- You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- You are blind or have a moderate/severe visual impairment uncorrected by glasses / contact lenses
- You are deaf or have a moderate/severe hearing impairment
- You have a mental health condition
- You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

Please give details of any other special needs:

## Accommodation preferences

	YES	NO		YES	NO
Accommodation arranged by Agent	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a vegan diet?	<input type="checkbox"/>	<input type="checkbox"/>
Own Sourced Rented Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a gluten-free diet?	<input type="checkbox"/>	<input type="checkbox"/>
Living with family	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a nut-free diet?	<input type="checkbox"/>	<input type="checkbox"/>
Host Family: Self-Catering	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a lactose intolerant diet?	<input type="checkbox"/>	<input type="checkbox"/>
Host Family: Half-Board (Breakfast & Dinner)	<input type="checkbox"/>	<input type="checkbox"/>	Do you require a dairy free diet?	<input type="checkbox"/>	<input type="checkbox"/>
Host Family: Full Board (Breakfast, Lunch, & Dinner)	<input type="checkbox"/>	<input type="checkbox"/>	Do you mind living with a family who have children?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a vegetarian diet?	<input type="checkbox"/>	<input type="checkbox"/>	Do you mind living with a family that has cat(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a diabetic diet?	<input type="checkbox"/>	<input type="checkbox"/>	Do you mind living with a family that has dog(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a halal diet?	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

**METHOD OF PAYMENT (Please TICK)**

Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>	Cash <input type="checkbox"/>
Bank Transfer <input type="checkbox"/>	Payment by Agent/Representative <input type="checkbox"/>	

**I agree that all of the provided information in the Accommodation Questionnaire is correct to the best of my knowledge.**

Name of the student:	Student signature:
----------------------	--------------------

Will you go back home for Christmas and Easter?

Yes, both

Only Christmas

Only Easter

Other dates

Other dates:

**Remember that if you decided to stay in the UK for Christmas and Easter the price for accommodation will increase**



## Health Questionnaire

Do you have a long standing or permanent health problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Are you taking any prescribed medicine or drugs regularly at the present time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give name and details of the medicine you are taking:		
Do you have a disability or a mobility impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Do you have any known allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details including symptoms experienced and treatment required.		
Do you have any problems with hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Do you have any problems with your eyesight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Do you require a special diet for medical reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		



Have you suffered from or had symptoms of:					
Blackouts, fits, migraines, headaches anxiety states, other nervous disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis A and Hepatitis B infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hay fever, asthma, persistent cough, bronchitis, Tuberculosis, spitting blood	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney or bladder problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fainting, shortness of breath, chest pain, heart problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arthritis, rheumatic fever, back trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indigestion, or problems with the stomach and liver	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin disorders, Eczema, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above or you have another problem, please give dates and whether you still have problems:					

Immunisations							
	YES	NO	Please give date of last immunisation		YES	NO	Please give date of last immunisation
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>		BCG Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>		Meningitis C	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>		Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>		Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	
Any other							

**COVID**

# Parental Consent Form (For Students Under the Age of 18)



The students will need a guardian or next of kin in the UK to be responsible for any under 18-year-old student. If you need a guardian, please contact the International Office.

The College and Host Families **do not** accept any responsibility for students under the age of 18 even when the College organises the accommodation for the student, they must have a guardian or next of kin residing in the UK.

## Offsite Activities, Work Placements/Experience and Independent Travel

By signing this consent form, you are giving your permission for your son/daughter to participate in off-site activities including educational visits, course-related projects and work placements/work experience. You understand and give permission for your son/daughter to travel independently including to/from airport to the College. You understand that outside timetabled lessons, students are not supervised, but are free to participate in an activity of their choice which may not be College related. Students under the age of 18 are not allowed to go to nightclubs, casinos, or high-risk sporting activities.

### Privacy Statement – how we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for other purposes by ticking any of the following boxes:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> About courses or learning opportunities. | <input type="checkbox"/> by post  |
| <input type="checkbox"/> For surveys and research.                | <input type="checkbox"/> by email |

I agree to visual images being used for marketing purposes.

If HSDC have qualification or centre approval withdrawn by any awarding organisation, we will support you in finding a local provider with who you can complete your studies.

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

## Agreement/Signature

I agree that initial assessment and guidance concerning the course has been provided, this included information about the course, its entry requirements, the implications of the choice of course, its suitability and the support which is available to students. I agree that I have read this document and the information given on this application is correct to the best of my knowledge. I agree that this information can be used to process my data for any purposes connected with my studies or my health and safety whilst on the premises or for any other contractual requirements and in particular to the disclosure of all the data on this form or otherwise collected about me to the ESFA for the purposes noted above in the Privacy Statement.

Name of Parent:	Signature of Parent	Date:
Name of Parent 2:	Signature of Parent	Date:
Name of the Guardian in the UK	Signature of the Guardian in the UK	Date:
Name of Student	Signature of Student	Date: