

Please complete all sections of this form in BLOCK CAPITAL LETTERS.

WORTHING INTERNATIONAL APPLICATION FORM

COURSE DETAILS

COURSE REQUIRED:

SUBJECT(S):

COURSE DATES:

EXPECTED ARRIVAL & DEPARTURE DATES: (IF KNOWN)

FROM:

TO:

FROM:

TO:

PERSONAL DETAILS

FAMILY NAME:

FIRST NAME(S):

GENDER: (PLEASE TICK APPROPRIATE BOX)

FEMALE

MALE

UNSPECIFIED

TITLE:

DATE OF BIRTH:

NATIONALITY:

COUNTRY OF BIRTH:

CONTACT DETAILS

YOUR CONTACT DETAILS

ADDRESS:

COUNTRY:

TELEPHONE: (PLEASE INCLUDE AREA CODE NUMBER)

MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)

EMAIL:

AGENT'S CONTACT DETAILS

ADDRESS:

COUNTRY:

TELEPHONE: (PLEASE INCLUDE AREA CODE NUMBER)

MOBILE: (PLEASE INCLUDE AREA CODE NUMBER)

EMAIL:



ACCOMMODATION (IMPORTANT: PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF ACCOMMODATION EG 1 - FIRST CHOICE / 2 - SECOND CHOICE)

FOR STUDENTS AGED 16+ YEARS OLD

HOMESTAY (HALF BOARD)*

HOMESTAY (SELF-CATERING) (FOR THOSE AGED 17+ ONLY)*

*UP TO FOUR STUDENTS MAY BE ACCOMMODATED IN HOMESTAY

ACCOMMODATION REQUIREMENTS

ARE YOU WILLING TO SHARE WITH STUDENTS WHO SPEAK THE SAME FIRST LANGUAGE AS YOU?

YES NO

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?

YES NO

IF YES, PLEASE GIVE DETAILS INCLUDING ANY FOODS YOU CANNOT EAT (EG CELIAC, VEGETARIAN, ETC):

IF UNDER 18, ARE YOU WILLING TO SHARE WITH STUDENTS WHO ARE 18+?

YES NO

DO YOU HAVE ANY SPECIAL REQUESTS REGARDING ACCOMMODATION?

DO YOU HAVE ANY MEDICAL PROBLEMS?

YES NO

IF YES, PLEASE GIVE DETAILS:

DO YOU SMOKE?

YES NO

ARE YOU WILLING TO LIVE IN A HOUSEHOLD WITH SMOKERS?

YES NO

MANY BRITISH FAMILIES HAVE PETS. IF YOU HAVE AN ALLERGY TO AN (EG DOG, CAT, RABBIT, ETC), PLEASE GIVE DETAILS BELOW:

HOBBIES & INTERESTS (PLEASE LET US KNOW AS THIS WILL HELP US WHEN PLACING YOU IN YOUR HOMESTAY ACCOMMODATION)

MEDICAL DETAILS (ALL QUESTIONS MUST BE ANSWERED AND PLEASE ATTACH ANY RELEVANT MEDICAL REPORTS TO THIS FORM)

DO YOU HAVE A DISABILITY THAT MAY AFFECT YOUR ACCOMMODATION REQUIREMENTS?

YES NO

DO YOU HAVE A LEARNING DISABILITY/DIFFICULTY EG AUTISM OR ADHD?

YES NO

DO YOU TAKE ANY MEDICATION OF ANY KIND, WHETHER PRESCRIBED OR NOT?

YES NO

OTHER ILLNESS OR DISABILITY?

YES NO

HAVE YOU RECEIVED ANY MEDICAL, SURGICAL OR PSYCHIATRIC TREATMENT OF ANY KIND FROM A DOCTOR OR IN HOSPITAL IN THE LAST 3 YEARS?

YES NO

EHCP

YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE GIVE DETAILS?

HAVE YOU BEEN VACCINATED AGAINST TETANUS IN THE LAST 5 YEARS AND HEPATITIS A OR B, DIPHTHERIA, MMR (MEASLES, MUMPS & RUBELLA) AND MENINGOCOCCAL? IF NO, WHICH ONES HAVE YOU NOT BEEN VACCINATED AGAINST?:

YES NO

MEDICAL INFORMATION

IT MAY BE IMPORTANT TO YOUR WELFARE THAT THIS MEDICAL INFORMATION IS SHARED WITH RELEVANT PARTIES WHILST LIVING IN COLLEGE ACCOMMODATION. I GIVE PERMISSION FOR MY INFORMATION TO BE SHARED IN APPROPRIATE CIRCUMSTANCES WITH RELEVANT THIRD PARTIES.

YES NO

PAYMENT OF FEES OR DEPOSIT

WHO IS PAYING FOR YOUR TUITION FEES?

YOURSELF, PARENTS OR FAMILY AGENT OTHER (PLEASE SPECIFY) _____

WHO IS PAYING FOR YOUR ACCOMMODATION FEES?

YOURSELF, PARENTS OR FAMILY AGENT OTHER (PLEASE SPECIFY) _____

ARE YOU SPONSORED BY THE HONG KONG GOVERNMENT?

YES NO

VISA INFORMATION

HAVE YOU PREVIOUSLY STUDIED IN THE UK?

YES NO

HAVE YOU PREVIOUSLY HAD A TIER 4 VISA?

YES NO

IF YOU HAVE ANSWERED YES TO EITHER OF THESE QUESTIONS, PLEASE PROVIDE COPIES OF ALL OF THE OLD UK VISAS.

IMPORTANT - PLEASE CONTINUE OVERLEAF



AIRPORT TRANSFERS

NOT REQUIRED

YES, HEATHROW (ONE WAY)

YES, SOUTHAMPTON (ONE WAY)

YES, GATWICK (ONE WAY)

YES, HEATHROW (RETURN)

YES, SOUTHAMPTON (RETURN)

YES, GATWICK (RETURN)

YES, STANSTED (ONE WAY)

*IF YOU HAVE REQUESTED A TRANSFER SERVICE, PLEASE SEND US YOUR FLIGHT DETAILS ONCE YOU HAVE BOOKED YOUR FLIGHT.

SIGNATURE (STUDENT OR PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE)

IMPORTANT: BY ENROLLING THE STUDENT ONTO THE COURSE THE PARENT/GUARDIAN IS GRANTING PERMISSION FOR THE STUDENT TO ATTEND ALL ACTIVITIES ORGANISED BY THE COLLEGE.

I AGREE THAT THE INFORMATION CONTAINED ON THIS FORM CAN BE GIVEN TO MY ACCOMMODATION PROVIDER.

SIGNED:

DATE:

I CAN CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS, WHICH CAN BE FOUND ON THE COLLEGE WEBSITE ([HTTPS://CHICHESTER.AC.UK/SITES/DEFAULT/FILES/TANDCS.PDF](https://chichester.ac.uk/sites/default/files/tandcs.pdf)), PLEASE TICK THE BOX

General Data Protection Regulation (GDPR)

Your data is being held securely and in compliance with GDPR. You have the right to access, review, and update this data for completeness and accuracy at any time. The information is held as hard copy. The information is used for your stay at the college including your host provider if applicable.

The data is held for 7 years as part of your student file. After this time the data will be securely and permanently destroyed.

TICK THIS BOX IF YOU WISH TO BE CONTACTED VIA PHONE OR EMAIL WITH FURTHER INFORMATION FROM THE COLLEGE ABOUT COURSES, LEARNING OPPORTUNITIES, SURVEYS AND RESEARCH

WE WILL NOT PASS YOUR DETAILS ONTO THIRD PARTIES FOR MARKETING PURPOSES

RETURNING THE COMPLETED FORM

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. Please email to studyabroad@chichester.ac.uk or post with required deposit to Student Centre, Chichester College, Westgate fields, Chichester, West Sussex, PO19 1SB, ENGLAND