



Application for Accommodation For Higher Education Students 2017-18



For office use only

Deposit to Finance	
Care Plan	EHCP
Attendance	
Disciplinaries	
GF	OS

Applicant's Details

Title	Mr / Miss / Ms / Mrs	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname		
Forenames		
Date of Birth	Age on 31/08/17:	
Home Address		
	Post Code	
Contact Numbers	<i>Home:</i>	<i>Mobile:</i>
Email Address		

Next of Kin Details

Name of Next of Kin		
Relationship to you		
Next of Kin Address (if different to your Home Address)		
	Post Code	
Contact Numbers	<i>Home:</i>	<i>Mobile:</i>
Email Address		

Course Details

Name of Course	
Year of Course	Year 1 / Year 2 / Year 3 / Year 4 <i>(please delete as appropriate)</i>

Type of Accommodation

New Application <input type="checkbox"/>	Returning Student <input type="checkbox"/>
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Please tick your preferred accommodation plan.

Students aged 16 or 17 (as at 31/08/2017) may only select either Plan B or C.

For students aged 18 or over (as at 31/08/2017), please indicate a first and second choice of accommodation plan.

Plan A (main campus, self catering)		Plan D (Grove Farm, self catering)	
Plan B (main campus, half board)		Plan E (Grove Farm, half board)	
Plan C (main campus, full board)		Plan F (Grove Farm, full board)	

Please indicate any preferred College accommodation block or friends you would like to be near. Your preference cannot be guaranteed but will be taken into consideration as part of the application process.

Permission for medical treatment, including first aid, whilst enrolled at Hadlow College

Completion of this section gives authorisation for students to also undertake any activities, including day trips in the UK of one day duration throughout the Hadlow College year. Medical information relevant to the student has already been completed in the following section. In an emergency, the following named person(s) should be contacted (preferably one should be the Student's Next of Kin).

Contact Name:		
Relationship to you:		
Home Address:		
Contact ☎ Day	Eve	Mobile

Alternative Contact Name:		
Relationship to you:		
Home Address:		
Contact ☎ Day	Eve	Mobile

I authorise the Programme Leader / other member of College staff / other adult such as Activities Leader to give permission for the student named below to receive any emergency dental, medical or surgical treatment, including **anaesthetic**, as considered necessary by the medical authorities present.

Student Name	Parent / Guardian Name <i>(if student is under 18 years as at 31/08/2016)</i>
Signature	Signature
Date	Date

If the student is aged under 18 years as at 31/08/2017, as next of kin, please inform us of any particular activities you would not authorise in the box below?

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Medical / personal information relevant to the application

Do you have an Education Health and Care Plan (EHCP) or a Statement of Special Educational Needs? If yes, please attach a copy if this has not already been submitted to the College.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to have a disability and / or learning difficulty? If yes, please give details of any support / specialist equipment needed during your time in residence. Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any mental health issues or have you experienced them in the past? If yes, please give a brief outline including any diagnosis or treatment (including medication). Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other medical conditions (past or present) the College should be aware of? Past; Present:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently taking any medication or receiving any other treatment? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a physical condition that needs to be accommodated to live at the College? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies? (List medication) Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any safeguarding (child or adult protection) concerns (past or present) that the College should be made aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any cultural or religious needs that the College should be aware of? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any special dietary requirements? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in care or a care leaver?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offence? If there are any circumstances relating to a criminal conviction which may be relevant to your studies or living at Hadlow College, it is important that you have disclosed this confidential information as required as part of your application process.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need to disclose any other relevant personal information before we consider your application? Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><i>For any student with an individual need, the College may make arrangements to consult with students, parents or guardians, prior to enrolment, in order to establish an agreed care plan. Please Note: If you fail to disclose medical or any other details which later come to light, the College reserves the right to reconsider your position at the College.</i></p> <p><i>All personal information is processed in the strictest confidence and will only be shared with relevant members of staff at the College if deemed appropriate. If you prefer, you may enclose any information in a sealed envelope addressed to The Residential Co-ordinator.</i></p> <p><i>Any disclosures will not disadvantage your application to join Hadlow College and we welcome applications from everyone.</i></p>	

How are you planning to pay the residential fees?

All students that live in College managed accommodation are responsible for payment of annual residential fees. Details of the 2017-18 College accommodation costs are shown on the Supporting Information Sheet that accompanies this form.

If you are successful with your accommodation application, you will be advised by the College and sent an invoice detailing the costs.

Personal statement to assist the application process

The College allocates accommodation to students according to the priority order outlined on the Supporting Information Sheet that accompanies this form. In exceptional circumstances, the College may allocate College accommodation to students of any age or course, who due to personal or special circumstances, would have their learning experience enhanced by living in College accommodation.

Students who feel that the College should take any other additional information into consideration, including reasons why you wish to be considered for accommodation on-site, are asked to make a personal statement here.

All personal information is handled with the strictest confidence and will only be shared with relevant members of staff at the College if deemed appropriate. If you prefer, indicate in this section that you have submitted a written statement in a sealed envelope addressed to The Residential Co-ordinator.

Method of payment for residential deposit

The accommodation deposit of £250.00 is payable at the time of booking college accommodation. **Applications are not processed until the deposit is received.**

<input type="checkbox"/>	<p style="text-align: center;">Important information for returning students</p> <ul style="list-style-type: none"> • If you tick here to roll over your 2016-17 deposit of £250.00, the College will use this money towards the deposit for the 2017-18 academic year. • Any top-up on a rolled over deposit plus any other outstanding debt must be paid in full by Friday 28 July 2017 to remain a valid deposit. • Returning students will be invoiced during July 2017 for any outstanding charges, damages or other expenses incurred in connection with the 2016-17 academic year. • Applications from returning students will be cancelled if the top up or deposit increase remains unpaid after Friday 28 July 2017. • The rolled over deposit becomes non-refundable after 31 August 2017 for a returning student who cancels their application for College accommodation for 2017-18.
<input type="checkbox"/>	<p>CHEQUE: I attach a cheque for £250.00 payable to Hadlow College (deposit for new students)</p>
<input type="checkbox"/>	<p>CREDIT/ DEBIT CARD:</p> <p>Start Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Expiry Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> Issue No (Switch) <input type="text"/> <input type="text"/></p> <p>Amount to Charge £250.00 Name on Card _____ <small>delete as appropriate</small></p> <p>Card No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature of Card Holder _____ Security Code <input type="text"/> <input type="text"/> <input type="text"/> <small>(last three digits on the back of your card)</small></p> <p>Address of Card Holder _____ _____ Post Code _____</p>

Sign here to confirm your application

All students and parents/guardians (if student is aged 16 or 17) should sign this declaration.

- I would like to be considered for College accommodation with Hadlow College.
- I understand that if accepted I will be required to set up or make payment in advance of moving into College accommodation in September.
- I understand that I will be required to sign an Accommodation Contract and agree to the Residential Rules and Regulations covering all the terms and conditions of residency.
- **I have read and understand the Supporting Information Sheet that accompanies this form.**

Student Name		Parent / Guardian Name	
Signature		Signature	
Date		Date	