

PRIVATE HOUSING ACCOMMODATION STUDENT ENQUIRY FORM



Please fully complete this form and return by fax to: 357 22776700

1. PERSONAL DETAILS OF STUDENT **2. PERSONAL DETAILS OF PARENT/GUARDIAN**

First Name		First Name
Surname		Surname
Date of Birth:	1c. Nationality:	Current Address:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Email:		Post Code:
Tel: / Mobile:		Tel: / Mobile:

3. STUDY DETAILS: 1st Year 2nd Year 3rd Year 4th Year Postgraduate

University of Study:	Programme of Study:
Campus Area:	

4. ACCOMMODATION DETAILS:

§ Budget Range: _____

§ Residential Areas: _____

§ Room Type: Private En suite Studio

§ Room sharing preferred: All Male All Female Mix None

§ No. of rooms: 1 2 3 4 5

5. Is there any medical problem that we should know of? Yes / No (If yes specify below)

Other Details:

6. Date of arrival in UK: _____ Commencement of course: _____

8. GROUP BOOKING

Name:	M <input type="checkbox"/> / F <input type="checkbox"/>	Tel No:
Name:	M <input type="checkbox"/> / F <input type="checkbox"/>	Fax No:

COMMENTS:
