

Victoria Point

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

1. Family Name/Surname			
2. First Name/Given Name			
3. Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other			
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
5. Date of Birth		DAY	MONTH
		YEAR	
6. Nationality			
7. Home/Permanent Address			
Postcode		Country	
Telephone Number			
Mobile			
Email			
8. Current Postal Address (if different from above)			
Postcode		Country	
Telephone Number			
Mobile			
Email			
Would you like your contract sent by: <input type="checkbox"/> Post <input type="checkbox"/> Email			
Dates for this postal address		DAY	MONTH
		YEAR	
FROM			
TO			
9. Emergency Contact Details <small>(Must be Parent/Guardian/Partner, if you are under 18)</small>			
Name			
What is your relationship?			
Address (if different from home address)			
Postcode		Country	
Telephone Number			
Mobile			
Email			

Application Form 2010/2011

Flat Number	Room Number
10. Dates accommodation required from	
<input type="checkbox"/> 10th July 2010 (52 week only) <input type="checkbox"/> 4th September 2010 (44 week only)	
Your first rent payment is due by 27th August 2010 for 44 weeks and by 25th June 2010 for 52 weeks and must be paid in full by cleared funds or your room will be cancelled.	
11. Which University/College will you be attending?	
11b. Which course will you be studying?	
12. What type of student are you? (Please tick)	
12b. <input type="checkbox"/> International Foundation Program <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate	
12c. Please tick which year applies. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> pg	
You will need to provide the Letting Officer with a council tax exemption form confirming your student status within one week of taking up residence.	
13. How did you hear about Victoria point?	
<input type="checkbox"/> Word of mouth <input type="checkbox"/> UCAS <input type="checkbox"/> Lettings Agent <input type="checkbox"/> Manchester Student Homes <input type="checkbox"/> Your University/College <input type="checkbox"/> Our Website/Leaflet <input type="checkbox"/> Other (Please specify)	
14. Where did you live last year? (Please tick)	
<input type="checkbox"/> Home <input type="checkbox"/> Private landlord in Manchester <input type="checkbox"/> University Hall of Residence (Please specify)	
<input type="checkbox"/> Private Halls of Residence in Manchester (Please specify)	
<input type="checkbox"/> Other (Please specify)	
15. Special Requirements	
Do you have any physical or other special needs requiring specific facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes above please give details	
15b. Are you registered disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15c. Are you taking any medication or have an existing medical condition we should be aware of?	
Are you asthmatic? <input type="checkbox"/> Yes <input type="checkbox"/> No	

