

## ACCOMMODATION APPLICATION FORM

**Personal Details**

Surname		Middle Name		First name	
Nationality		Passport no.		Language	
Date of birth	dd/mm/yyyy	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address in your country					
Phone number		Email			
London contact details					
Do you have any medical conditions/disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details here			
Name of emergency contact in London		Phone number			
Contact's address		Email address			

**ACCOMMODATION** (Please insert a "1" for you first choice and a "2" for your second choice below)

Private Homes	Half Board	Bed & Breakfast	Self Catering
Zones 1-2			
Zones 3-4			
Zone 5			

  

Student Residence	Self-Catering	Zone 3	
Studio Apartments	Self-Catering	Zone 1	

**Single or Double room?** \_\_\_\_\_  
(For a double room two people must apply together)

**How many weeks?** \_\_\_ **Extra days?** \_\_\_

**Starting Date for the accommodation:** \_\_/\_\_/\_\_

**Finishing Date for the accommodation:** \_\_/\_\_/\_\_

**Do you smoke?** Yes  No

**Do you have any allergies (e.g. food, animals, or anything else)? -Please state:-**

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**Do you have any other special dietary requirements (vegetarian,vegan, halal food etc) ? -Please state:**

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**Do you require an airport pick up?** Yes  No

**Please give us your flight details, i.e flight number, airport and time of arrival.**

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Remember that any blank in this questionnaire could delay the booking so please try to complete it all.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date:        /        /