

## ACCOMMODATION APPLICATION FORM

### Personal Details

Surname		Middle Name		First name	
Nationality		Passport no.		Language	
Date of birth (dd/mm/yyyy)			Gender	Male	Female
Address in your country					
Phone number		Email			
London contact details					
Do you have any medical conditions/disabilities?	Yes	No	If yes, please give details here		
Name of emergency contact in London			Phone number		
			Email address		
Contact's 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				
Studio Apartments	Self-Catering	Zone 1		
Student Residence	Self-Catering	Zone 2		
Student Residence	Self-Catering	Zone 3		

Single or Double room? (Please tick)

(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 here:

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

Do you require an airport pick up? Yes No

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

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

Signature

Printed Name

Date: