

# ACCOMMODATION REQUEST FORM

Please complete the form below in BLOCK CAPITAL LETTERS and return to Student Services, Brooksby Melton College, Asfordby Road, Melton Mowbray, Leicestershire, LE13 0HJ or by email to Leo Mattoccia on email: [lmattoccia@SMBGroup.ac.uk](mailto:lmattoccia@SMBGroup.ac.uk) or call: 01664 850 850 ext. 247 if you have any questions.

This document has three parts which each need to be completed

- **PART A** relates to your **ACCOMMODATION** needs
- **PART B** relates to **CAR PARKING** needs
- **PART C** relates to your **MEDICAL** needs

## PART A - ACCOMMODATION

Title:	Student number (office use only):		
Forenames:	Surname / Family name:		
Home address:			Postcode:
Telephone number:		Mobile number:	
Email:			
Date of Birth:	Age on 31st August:	Gender	
Do you have a physical disability? If yes please state		If yes what support do you need?	
Full course title:			

Please note: the contract rate in halls of residence is for 40 weeks and students are expected to vacate their rooms during the Christmas and Easter period. Smoking is not allowed in any of the halls of residence. In some circumstances we may ask for you to attend an interview in order to ensure halls of residence are a suitable option. We cannot always guarantee availability of accommodation and we have the right to withdraw your application.

You are required to send a £250 deposit and one passport sized photograph with this completed application form. Deposits are non refundable to students who do not move into the residence. The £250 deposit is refundable minus outstanding account charges and damage repair at the end of the contractual agreement.

**Special Accommodation Requirements:** (Cannot always be guaranteed)

## PART B – CAR PARKING (applicable to Halls of residence applicants only)

As part of the accommodation package all HE students in BMC hall of residence are entitled to park for FREE on the Brooksby Campus and King Street campus. To ensure you have access to this facility we require the following details to be completed.

Name:	Course:
Licence type:	
Owner of Vehicle:	Named driver:

	VEHICLE ONE	VEHICLE TWO (If applicable)
Make(s) of car / motorcycle		
Model(s)		
Registration number(s)		
Colour(s)		
Insurance Company		

When using my vehicle at Brooksby Melton college, I undertake to drive with due care at all times and to park only in the areas designated for learners' use. I will display my college car pass at all times.

I accept that permission to keep my vehicle on the college premises may be withdrawn if I fail to fulfil these conditions.

I understand that any vehicle is kept on college premises at the owner's risk and that the college cannot accept responsibility for loss or damage of the vehicle or its contents.

## PART C – MEDICAL

To ensure that your health and wellbeing is supported by the college the following details will ensure we can offer you the appropriate support services when needed either when you're in residence or on your programme. It is therefore very important that the College is aware of any health conditions which might affect the safety of either yourself or of others and of any situations which might aggravate your condition.

If you wish to discuss any issue in confidence, please telephone Leo Mattoccia on 01664 850 850 ext. 247.

Name:	Course
Allergy: Yes/No	If YES, please state:
Asthma: Yes/No	
Epilepsy: Yes/No	
Any special dietary requirements: Yes/No	If YES, please state:
Any other condition which could limit participation in College activities: Yes/No	If YES, please state:
Any disability which could limit participation in College activities: Yes/No	If YES, please give details

Please state below the details of any medication you are receiving that the college should be aware of in case of emergency:

Name of GP:	
Address:	
Phone number:	
I shall be resident on the Brooksby campus. Yes/No	
Signed (Student)	Date