



## APPLICATION FORM for International Students

### COURSE DETAILS

**Course Required** (For English Language courses please state programme)

**Course Dates**

From:

To:

### PERSONAL DETAILS

**Family Name**

**First Names**

**Gender**

Male

Female

**Marital Status**

Married

Single

**Country of Birth**

**Nationality**

**Passport Number** (Please attach a photocopy of your passport)

**Date of Birth**

**Do you need to apply for a student visa?**

Yes

No

### PERSONAL DETAILS

**Your Address** (If you are under 18 please give your parents' / guardian's address)

Address
Postcode

Telephone
Fax
Mobile
E-mail

**Agent's Name and Address** (If applicable)

Address
Postcode

**Agent's Contact Numbers** (Please include area code numbers)

Telephone
Fax
Mobile
E-mail

## ACCOMMODATION

**IMPORTANT:** Please indicate your 1st and 2nd choices of accommodation e.g.  1 for 1st choice  2 for 2nd choice

**For students aged 16-17 years:**

**Homestay Half-board**

**Homestay Self-catering (Aged 17+ ONLY)**

**For students aged 18 years and above:**

**Halls of Residence**

**Homestay Half-board**

**Homestay Self-catering**

## ACCOMMODATION REQUIREMENTS

**Are you willing to share a room?**

Yes

No

**Are you willing to share with students who speak the same first language as you?**

Yes

No

**Are you a vegetarian?**

Yes

No

**Are there any foods you cannot eat?**

If Yes, please state which

Yes

No

**If under 18, are you willing to share with students who are 18+?**

Yes

No

**Do you have any special requests regarding accommodation?**

If Yes, please state

Yes

No

**Do you have any medical problems?**

If Yes, please state which

Yes

No

**Do you smoke?**

Yes

No

**Are you willing to live in a household with smokers?**

Yes

No

**Many British families have pets.**

**Please tick the appropriate box(es)**

**if you have an allergy to cats and/or dogs**

Dogs

Cats

I have an allergy to:

**Please specify your expected arrival and departure dates (if known)**

Arrival Date:

Departure Date:

**Please indicate your chosen payment method**

Direct to Host

Through the College

## MEDICAL DETAILS - All questions MUST be answered

(Any relevant medical reports should be attached to this form)

Have you had any of the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Asthma, Bronchitis or breathing problems?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart condition?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits, Epilepsy, fainting or blackouts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Severe headaches or migraines?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies to medicines, drugs or food etc?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eczema or other skin disorder?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other illness or disability?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any physical handicap that may affect your accommodation requirements?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you take any medication of any kind, whether prescribed or not?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been vaccinated against tetanus in the last 5 years   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you received any medical, surgical or psychiatric treatment of any kind from a doctor or in hospital in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered YES to any of the questions in this section, please give details.

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### Medical Information

The medical information you provide will be used to assist us to process your application appropriately. The information will be shared with relevant parties and only in order to ensure your wellbeing whilst living in the Institute's accommodation.

If for any reason you do not want the information to be passed to anyone else, please tick the box below.

I do not want my medical details passed on to any other parties.

## EMERGENCY CONTACT

### Emergency Contact Address

Address
Postcode

### Emergency Contact Numbers

Telephone
Fax
Mobile
E-mail

## HOBBIES & INTERESTS - Please list any hobbies and interests you may have

## TRAVEL HISTORY

Have you studied in the UK before?

Yes

No

If YES, where did you study?

What subject did you study?

How long did you study for?

Have you ever been refused a visa before?

## ENGLISH ABILITY

**SELT English Certificate**

Held:

Title:

Grade:

Date:

## PAYMENT OF FEES OR DEPOSIT

Who is paying your tuition fees?

Yourself, parents or family

Agent

Other (Please specify below)

Who is paying your accommodation fees?

Yourself, parents or family

Agent

Other (Please specify below)

Are you sponsored by the Hong Kong Government?

Yes

No

## WHERE DID YOU HEAR ABOUT GRIMSBY INSTITUTE?

Please tick the relevant box(es)

Advertisement

School, College or University

Agent

Internet

Exhibition / Seminar

Friend or Relative

Other (Please state)

## PARENTAL PERMISSION (Must be completed if you are under 18 years of age)

Dear Parent/Guardian,

Throughout the year the Institute will be running a variety of day trips and visits. Details will be given on each trip/visit, however, to ensure the smooth running of the process, we ask that you complete a consent form for your son/daughter to take part in these activities.

I wish my son/daughter

(Full name of student, in capital letters please)

Date of birth

Student ID No.

**To be allowed** to take part in Grimsby Institute day trips/visits throughout the academic year which begins in September and ends in July and I agree to his/her taking part in any or all of the activities described under the conditions set out. I understand that during these trips students may have free time and will not be directly supervised, but that all trip supervisors will be contactable.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that the rules and instructions given by the staff in charge are obeyed.

I understand that, while the Institute staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

**Note:** Your son/daughter will be covered by the Grimsby Institute's insurance in the event of injury incurred during excursion.

**I consent to any emergency medical treatment necessary during the course of the visit.**

Signed

Date

Relationship

**Note:** Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including the Grimsby Institute's publicity material, please tick this box.

## APPLICATION CHECKLIST

**Before sending this form please ensure you have completed the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Completed this form IN FULL                    | <input type="checkbox"/> Enclosed Payment                 |
| <input type="checkbox"/> Enclosed academic transcripts and certificates | <input type="checkbox"/> Enclosed a copy of your passport |
| <input type="checkbox"/> Enclosed English Language Certificate          |   |

**SIGNATURE** (Student or Parent/Guardian if the student is under 18 years old)

**I agree that the information contained on this form can be given to my accommodation provider.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Whilst every effort will be made to meet your specific request, accommodation is limited. The sooner you submit this form the more likely that your needs will be met. Please return this form, together with your Application Form and deposit to: **Grimsby Institute, International Office, Nuns Corner, Grimsby, North East Lincolnshire, DN34 5BQ**