

WARSASH ACCOMMODATION BOOKING FORM

To help us process your booking, please complete ALL sections of this form in BLOCK CAPITALS and tick boxes as appropriate.

PERSONAL DETAILS

Last Name _____ Title _____
First Names _____ Gender _____ Male/Female
Date of Birth _____ Age _____ Religion _____

CONTACT DETAILS

House Number and Street _____
Town _____
County _____ Postcode _____
Mobile Number _____ Home Number _____
Email address _____

NEXT OF KIN

Name _____ Relationship to applicant _____
Contact Number _____ Email address _____

COURSE AND COMPANY DETAILS

Course Title _____ Phase 1 3 5 7
Company Name _____
Company pays for following accommodation: 1st 4wks 1st 5wks Full phase None

ACCOMMODATION AND PREFERENCE REQUEST (Your preferences will be noted BUT cannot be guaranteed)

Accommodation needed: arriving on _____ departing on _____
Would you prefer Single room Twin Room
Returning Students ONLY Warsash campus Emily Davies Southampton
Would like to share with: _____

MEDICAL CONDITIONS/DISABILITIES

Please advise of any medical conditions or disabilities, which we should be made aware of, that may affect your stay in the residences or require additional/specific facilities.

PAYMENT

I enclose my debit card details or a cheque made payable to 'Southampton Solent University' for the pre-payment of £150. We accept the following Debit/Credit cards; Solo, Maestro, Visa, Mastercard, Visa Electron

Card Number - - -
Card Holder's name (BLOCK CAPS) _____ Card Holder's Signature _____
Card expiry date _____ Valid from _____ Issue Number _____ (Maestro Only)

STUDENTS AGREEMENT

Please make sure you have read and agree to the Terms of Residency available on, www.warsashacademy.co.uk/facilities/accommodation/downloads.aspx. Hard copies are available on request.

Applicants signature _____ Date _____
Parent/Guardian signature (if under 18 years of age) _____ Date _____

DATA PROTECTION

It is not normal practice for Southampton Solent University to discuss your fees account details with a third party. However, the University is often contacted by sponsors/parents with regard to your financial status/booking of accommodation on your behalf.

I give my permission I do not give my permission for Southampton Solent University to discuss my fees/account details/room bookings with my sponsors/parent.

Applicants signature _____ Date _____

All information supplied on this form will be held by the University and used only for the purpose of operating and managing residential accommodation. Personal details will only be released to a third party, where permission is granted, where we are legally obliged to do so and for the purposes of recovering debt.

OFFICE USE ONLY:

Amount received £ _____ Entered on system By _____ Student account no. _____

Please return to: Accommodation Office, Warsash Maritime Academy, Newtown Road, Warsash, Southampton, SO31 9ZL OR

Any queries: Telephone +44 (0) 1489 556-245/210, Fax +44 (0) 1489 573988 Email: warsash.accommodation@solent.ac.uk