

If you are interested in 'living in' at college further information is available in the Accommodation Information Booklet. This information is also on the website.



Walford College

ACCOMMODATION APPLICATION FORM 2024-2025

PLEASE RETURN COMPLETED FORM TO: Accommodation Manager, North Shropshire College, Walford Campus, Baschurch, Shrewsbury, SY4 2HL or email to Crowther-smithf@hlnsc.ac.uk

STUDENT ID NUMBER (IF KNOWN)	
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STUDENT DETAILS

Student Name		Date of Birth		Age	
Address	Course and Level			Year of Study	
	Home Tel. No				
Postcode		Mobile Tel. No			
Email Address					

Please answer the following questions as thoroughly as possible

Are you bringing and using a car while resident at college?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you smoke?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any criminal convictions? <small>(Sexual offences, commercial drug dealing/involving physical violence, trafficking)</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any support needs? <small>(Allergies, medical conditions, disabilities, dietary requirements or support needs)</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a Support Worker / Social Worker / Youth Worker?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

<u>If you have answered yes for support needs please give details here</u>	<u>If you have answered yes to a support worker/social worker or youth worker please give details here</u>
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Please add any additional information or special requests below to assist allocation of appropriate accommodation.

If you are going to be on holiday during July/August please give dates you will be away. From: _____ To: _____	
<u>Please list any hobbies or interests</u>	<u>Please indicate your career goals and future plans</u>

PARENT / GUARDIAN / NEXT OF KIN DETAILS

Parent/s Name		Home Tel. No	
Address (If different to above)		Mobile Tel. No's	
Postcode		Parent Email	

Student Signature (Compulsory) _____ Date _____

Name and Signature of Parent/Legal Guardian if student is under 18 years
Name _____ Signature _____ Date _____

Please indicate your Room Preference

En-Suite Study Bedroom (Small double bed)

Standard (Shared bathroom, Single bed) Study Bedroom

Do not mind

**Do you wish to apply to the means tested Residential Bursary Fund to assist with the cost of accommodation?
YES / NO**

Please note: Students who are not studying a Land based course may not be eligible for the Residential Bursary fund. (Please check with the Student Services Finance Officer).

Firm offers of accommodation and further information about being a residential student will normally start to be sent out in July. In the meantime, if you require further information please do not hesitate to contact me on 01939 262126 or by email on Crowther-smithf@hlnc.ac.uk

Please return this form as soon as possible to be added to the waiting list