

APPLICATION FORM

Application for rooms on campus or Trinity Hall – Supplementary form

Family Name: _____

Student ID Number: _____

Course of Study: _____

Telephone Numbers: _____ Personal: _____

In the case of emergency: _____

Nature of medical condition/disability/special circumstances:

Why will having rooms help with regard to your special circumstances?

Please give details of any specific facilities / adaptations or support you may require in College residences:

I am applying for special consideration to be given to my application. I have read the information leaflet provided by the Registrar of Chambers and I understand that I have to provide all supporting documentation outlined in the leaflet. In addition, I have completed the online application form.

I understand that my personal information will be treated in the strictest confidence and, if I am allocated rooms on campus, that it will be only be provided to College Personnel so that my health, safety and welfare can be optimised during my time in College residences.

Signature of applicant

Date of application