



## STUDENT'S INFORMATION

First name

Family name

Gender

Male

Female

Date of birth  
(dd/mm/yyyy)

Nationality

Religion

First language

Please scan a  
photograph of  
yourself and send it  
with this completed  
form.

Do you speak any other languages?

Name and address of college:

Have you been to the UK before?  
If yes, for how long?

Proposed start date at college (dd/mm/yyyy)

Do you have any siblings?  
If so, what are their names and ages?

Passport number

Do you have any relatives in the UK?  
If so, who and where do they live?

Visa expiry date (dd/mm/yyyy)

Your mobile phone number:

Do you have any special educational needs  
or learning difficulties?

Special dietary requirements:

### LENGTH OF SERVICE

1 month

1 - 3 months

3 - 6 months

6 - 12 months



## PARENTS' CONTACT DETAILS

### Father

Full name and title

Home telephone

Business telephone

Mobile telephone

Email address

Occupation

Home address

Business address

### Mother

Full name and title

Home telephone

Business telephone

Mobile telephone

Email address

Occupation

Home address

Business address

### Emergency contact if parents cannot be reached

Name

Mobile telephone

## MEDICAL INFORMATION

Do you suffer from any of the following? If yes, please give details

Diabetes

Migraine

Epilepsy

Any other illness or disability?

Have you ever suffered from any infectious diseases?  Yes (please give details)  No

Are you allergic to or actively sensitive to anything?  Yes (please give details)  No



## MEDICAL INFORMATION

Immunisation record

Dates given if known:

Dates given if known:

Diphtheria

BCG

Tetanus

Hepatitis A

Whooping Cough

Hepatitis B

Polio

Meningitis C

Hib

COVID-19

Measles, Mumps,  
Rubella (MMR)

Have you had any other immunisations?

Yes (please give details)

No

Do you suffer with any mental health conditions?

Yes (please give details)

No

Do you suffer from hay fever?

Yes (how badly and please give details of any medication)

No

Do you suffer from travel sickness?

Yes (how badly and please give details of any medication)

No

Are you currently taking any medication?

Yes (please give details and if appropriate a translation in English)

No

Do you suffer from asthma?

Yes (how badly and please give details of any medication)

No

Is there any reason why you cannot take part in active games or sports?

Please tell us about your interests, your hobbies, your likes and dislikes and your personality in general.  
Please continue if necessary on a separate sheet.



## SIGNATURE

By signing this form, you are confirming that College Guardians may obtain, process and hold personal information about you. This includes sensitive information such as medical details, and that you consent to this for the purpose of assessment, safeguarding and promoting your welfare.

Please complete this form and send it to College Guardians. An invoice for your fees will be sent to you by our accounts department.

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Parent's signature

Name (please print)

Date