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## APPLICATION FOR FAMILY/STAFF ACCOMMODATION SESSION 20\_\_/20\_\_

PHOTOGRAPH  
HERE

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Priority Grading: \_\_\_\_\_

Council Tax Form Completed? Yes  No

Surname (Family Name) \_\_\_\_\_

Dr/Mr/Mrs/Miss

First Name \_\_\_\_\_

Home Address (Family) \_\_\_\_\_

Address for Communication (dates) \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Year of Study: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Faculty: \_\_\_\_\_

Nationality: \_\_\_\_\_

Course of Study

(E.g. PhD, Masters etc.) \_\_\_\_\_

Department: \_\_\_\_\_

(Internal Extension): \_\_\_\_\_

Registration No. \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Or Adviser's Name: \_\_\_\_\_

Expected duration of studies in Glasgow: \_\_\_\_\_

### DETAILS OF ACCOMPANYING PARTNER

Has your partner arrived in Glasgow? Yes / No

Is your partner intending to register and be a full-time student studying for a degree at Glasgow University? Yes / No

If Yes, please give details of their course: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Registration No. \_\_\_\_\_

If No, please attach a copy of their passport indicating that they are not eligible to work.

### DETAILS OF ACCOMPANYING CHILDREN

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Please indicate whether the Children are Male (M) of Female (F) after their ages.

Date from when accommodation is required: \_\_\_\_\_

What size of flat would you like to be considered for (please  $\checkmark$  box)

1. Apartment Flat – 1 room, kitchen and bathroom [ ]

2. Apartment Flat – 1 bedroom, 1 sitting room, kitchen and bathroom [ ]

3. Apartment Flat – 2 bedrooms, 1 sitting room, kitchen and bathroom [ ]

Please provide any special facts about yourself that you wish us to take into consideration when looking at the priority of your application (to be treated confidentially) including any serious present or recurrent illness or disability (with details of any recent medical attention).

Please also give details of maximum affordable rent: \_\_\_\_\_

Do you smoke? Yes [ ] No [ ] (Please  $\checkmark$  box)

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

**PLEASE NOTE:** As there is a limited supply of flats suitable for family accommodation each application will have to be given a priority grading.

**PLEASE RETURN THE COMPLETED FORM TO RESIDENTIAL SERVICES, 73 GREAT GEORGE STREET, GLASGOW, G12 8RR.**