**A picture containing shirt

Description automatically generated**

**HODGKIN HOUSE 3**

**-**

**7 Meridian Place, Clifton, Bristol BS8 1JG**

Tel: 0117 9734543

Email:

Web: www.hodgkinhouse.org.uk

enquiries@hodgkinhouse.org.uk

**APPLICATION FORM FOR STUDENTS 2023/2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** | | **Date of birth:** | |
| **Family name:** | | **Nationality:** | |
| **Student number:** | | **Passport number:** | |
| **Religion:** | **Male □ Female □** |  | **Please attach a recent**  **photograph** |
| **Expected date of arrival at Hodgkin House:**  **Proposed length of stay:** | |
| **Next of kin:** | |
| **Current Address:** | |
| **Home address:** *(Print clearly)*  **Country:**  **Telephone No.**  **E-mail:** | | **Address for correspondence** *(if different from home/ current address)*  **Dates from: To:**  **Telephone No.**  **Fax No.**  **E-mail:** | |
| **Place of study:** | | **Department:** | |
| **Supervisor/Tutor:** | | **Course name:** | |
| **Year(s) of study:** | | **Funding/Sponsor:** | |
| **Period of study while in Hodgkin House**  **From:**  **To:** | | **PhD □**  **Masters □** | |
| **Visa details:** *Already have/ in progress/ not applied yet* | | **Covid vaccination status: Two □ One □ None □** | |
| **Have you any health/ disability issues that we should be aware of?**  **Yes □ No □**  **If yes, please give details below:** | | **Do you have any specific accommodation requests?**  **Yes □ No □**  **If yes, please give details below:** | |

**Why would you like to live at Hodgkin House?**

**General Data Protection Regulations 2018 (GDPR)**

This information will be held and processed for the allocation of accommodation. I agree to Hodgkin House recording and processing this information about me. I understand that this information will only be used for the purposes set out in the statement above, and my consent is conditional upon Hodgkin House complying with its duties and obligations under the GDPR

I consent to my image being used on the Hodgkin House website and on Hodgkin House social media.

I confirm that the given information is accurate.

**Signature: Date:**

**Please return this form to Hodgkin House via** [**enquiries@hodgkinhouse.org.uk**](mailto:enquiries@hodgkinhouse.co.uk)