

<b>Property:</b>	<b>Flat Number:</b>	<b>Room:</b>
------------------	---------------------	--------------

Title	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other, please state <input style="width:80%;" type="text"/>
-------	-----------------------------	-------------------------------	------------------------------	-----------------------------	---

IMPORTANT!

Please provide us with a copy of government issued photo ID with this form to complete the reservation.

First name(s) <small>(As it appears on your ID)</small>
---

Surname/Family name <small>(As it appears on your ID)</small>
---

Mobile	Home telephone number
--------	-----------------------

Email Address
---------------

Current Term Time Address & Post Code (if applicable)		Next of kin Name Address & Post Code Contact Number	
---	--	---	--

Date of Birth	Age
---------------	-----

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
--------	-------------------------------	---------------------------------	--------------------------------

Nationality
-------------

Do you have a UK based Guarantor? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES employment status?
-------------------------------------	------------------------------	-----------------------------	---------------------------

**\* PLEASE NOTE: IF YOU DO NOT CONFIRM THAT YOU ARE ABLE TO PROVIDE A UK BASED GUARANTOR THEN YOU WILL AUTOMATICALLY RECEIVE AN INTERNATIONAL TENANCY AGREEMENT. FOR TENANTS NOT ABLE TO PROVIDE A UK BASED GUARANTOR, A 25% OF FULL ANNUAL RENT PAYMENT WILL BE REQUIRED Please ask the staff for more details.**

University Attending
----------------------

Course Attending
------------------

Full Course Date	From:	To:
------------------	-------	-----

Year of Study in September 2024	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	Post Graduate <input type="checkbox"/>
---------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	--

University Student Number
---------------------------

Do you have any medical/health conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please complete form attached
--	------------------------------	-----------------------------	-------------------------------

How did you hear about Westmanor Student Living?

I am a Westmanor tenant now	<input type="checkbox"/>	Westmanor website/Rightmove	<input type="checkbox"/>	Other	<input type="checkbox"/>
-----------------------------	--------------------------	-----------------------------	--------------------------	-------	--------------------------

Declaration

- ✓ I have completed the reservation form and paid the **FULL DEPOSIT** payment which will be held as a damage deposit and understand that the flat/room will be reserved for me for the maximum of **7 days** from the date of this booking form and will only become guaranteed upon signing the appropriate tenancy agreement within this timescale.
- ✓ I understand that if, for any reason, I do not proceed with the proposed tenancy, £100 of the damage deposit will be retained by Westmanor Student Living and is **non-refundable**.
- ✓ If I proceed to signing an appropriate tenancy agreement then the full amount will be allocated as a damage deposit as itemised in my tenancy agreement.
- ✓ I understand that if I have not had a physical viewing and that I have reserved the property based on images/videos and floorplans, I cannot raise a complaint with Westmanor if the flat differs from what I expect.
- ✓ **I have read, ticked the consent box and signed the data consent form**

Print Name: ..... Signature: ..... Date: .....

(Office use only)	£250 / £300 paid by card /BP	Date received _____	Staff initials _____
-------------------	------------------------------	---------------------	----------------------

## Data Consent Form

Please read and complete this consent form to confirm that you agree to Westmanor Student Living Ltd processing your personal data.

We, **Westmanor Student Living Ltd** need to ask your permission before we can use your personal data.

<b>What personal data do we ask for?</b>
Name, Telephone number(s), Email address, current address, parent/guardian name and address, date of birth, gender, nationality, university attending, university course name and dates, university student number, Certificate of registration or Council tax exemption certificate, bank details and a copy of photographic identification.
<b>Why do we want your personal data?</b>
To ensure that your tenancy is conducted legally and in the best interests of all parties.
<b>How do we use your personal data?</b>
For identity purposes, contractual purposes, contact purposes, processing payments/refunds and registering your deposit (if applicable) in a government scheme.
<b>Who may we share your personal data with?</b>
Leicester City Council, Utility companies, Emergency Services, the landlord of the property, Courts, NatWest Bank, PTX Direct Debit management system, University of Leicester, De Montfort University, your guarantor, Security services, Maintenance contractors working on behalf of Westmanor Student Living and/or the landlord of the property and any other professional agencies.
<b>Why do we want to share your personal data?</b>
To ensure that utility accounts are kept up to date for your property, to ensure that any emergency or illegal situations that may arise are dealt with efficiently, to ensure that your tenancy is conducted legally and effectively, to process and receive rent and other payments,
<b>How long will we keep your personal data?</b>
Your personal data may be kept for up to 6 years due to the code of practice outlined by The Property Ombudsman.
<b>Can you withdraw your permission?</b>
Yes, you will need to email the allocated data protection officer Sarah Brant <a href="mailto:sarah@westmanorstudentliving.co.uk">sarah@westmanorstudentliving.co.uk</a> to request this.
<b>Please complete below:</b>
<b>Please tick here if you consent to us using your personal data in this way</b> <input type="checkbox"/>
<b>Signed</b> _____ <b>Date</b> _____

**Note: You are not obliged to consent to this request. However, if you do not consent then unfortunately you will not be able to continue with your reservation.**

# Medical History Questionnaire

## Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender: Female Male Prefer Not To Say (please circle) Date Of Birth: \_\_\_\_\_

## First Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Second Emergency Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Health Care Details

NHS Number: \_\_\_\_\_

## Medical History

Please list any medical conditions that you have (for example asthma, diabetes, epilepsy):

---

---

---

---

---

---

---

Please list any regular medications you require (include dosage):

---

---

---

---



Sign: \_\_\_\_\_ Date: \_\_\_\_\_