Reservation form – Academic Year – 2024-2025

Title Mr Miss Mrs Ms Other, please state IMPORTANTI First name(s) (se rappears on your (D) Please provide us with a copy of government its use to be with its form to complete the reservation. Please provide us with a copy of government its use to be with its form to complete the reservation. Mobile Home telephone number Email Address Current Term Time Address & Post Code Name Address & Post Code Contact Number Date of Birth Age Gender Male Female Nationality Do you have a UK based Guarantor? * Yes No University Attending If YES employment status? * DEASE NOTE: IF YOU DO NOT CONFIRM THAT YOU ARE ABLE TO PROVIDE A UK BASED GUARANTOR THEN YOU WILL AUTOMATICALLY RECEIVER AN INTERNATIONAL TENANCY ARGEEMENT. FOR TENANTS NOT ABLE TO PROVIDE A UK BASED GUARANTOR THEN YOU WILL AUTOMATICALLY RECEIVER AN INTERNATIONAL TENANCY ARGEEMENT. 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 2nd 4th Peod Graduate University Student Number Do you have any medical/health conditions? Yes No Please			Academic Year – 2024-2025 sections in BLOCK CAPITALS		STUDENT LIVING
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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.

What personal data do we ask for? 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.

Why do we want your personal data?

To ensure that your tenancy is conducted legally and in the best interests of all parties.

How do we use your personal data?

For identity purposes, contractual purposes, contact purposes, processing payments/refunds and registering your deposit (if applicable) in a government scheme.

Who may we share your personal data with?

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.

Why do we want to share your personal data?

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,

How long will we keep your personal data?

Your personal data may be kept for up to 6 years due to the code of practice outlined by The Property Ombudsman.

Can you withdraw your permission?

Yes, you will need to email the allocated data protection officer Sarah Brant <u>sarah@westmanorstudentliving.co.uk</u> to request this.

Please complete below:

Please tick here if you consent to us using your personal data in this way

Signed

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.

Date

Westmanor Student Living Ltd, 16 Grange Lane, Leicester, LE2 7EH, 0116 2540541 infodmu@westmanorstudentliving.co.uk

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:			
First Name:	Second Emergency Contact Last Name:		
Address:			
Phone:			
	DENTITVING		
	Health Care Details		
NHS Number:			
Medical History			
Please list any medical conditions that you have (for example asthma, diabetes, epilepsy):			
Flease list ally li	leulear conditions that you have (for example astrina, diabetes, epilepsy).		
Please list any reg	ular medications you require (include dosage):		