



# NIDO WEST HAMPSTEAD - BOOKING FORM 2015/16

Please fill out your details below so we can process your booking. As soon as this has been processed you will receive a confirmation e-mail.

Title: \_\_\_\_\_ Gender:  Female  Male

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

Last Name: \_\_\_\_\_

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

Telephone/Mobile Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Minimum 16 Years old at the time of check-in)

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

Permanent/Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Registered Disabled:  YES  NO Accessible Room Required:  YES  NO

London Institution you are attending: \_\_\_\_\_

Course Title: \_\_\_\_\_

Year of Study:  Undergraduate  1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  Postgraduate

Will you be bringing your bicycle along?  YES  NO

Where did you hear about us? \_\_\_\_\_

Contract Type: 51 Week Contract from 12<sup>th</sup> September 2015.

Room Type:  Studio  Shared Apartment

Special Requirements: \_\_\_\_\_

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

## Office Use

Unit Allocated: \_\_\_\_\_

Booking Form Received

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

Confirmed & Sent Confirmation Email

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