

Information given on this form is confidential and will be treated in accordance with the Data Protection Act 1988.

Your Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_

Emergency Contact Address:

\_\_\_\_\_

\_\_\_\_\_

Day Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_

Alternative emergency contact Name/Tel no:

\_\_\_\_\_

### Medical information

Do you have any condition requiring medical treatment, including medication? Yes / No

If yes, please give brief details:

\_\_\_\_\_

\_\_\_\_\_

b) Are you allergic to any medication (e.g. penicillin)?

\_\_\_\_\_

Are you allergic to anything? Yes/No

If yes, please give brief details:

\_\_\_\_\_

\_\_\_\_\_

Action to be taken if contact with the above happens:

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## Special Requirements

We need to know if you have any special requirements which we need to take into consideration.

a) Please outline any special dietary requirements you have:

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b) Please outline any cultural requirements we should be aware of:

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c) Please outline any disabilities or special needs (eg dyslexia, diabetes, epilepsy, heart condition, mental health difficulties, etc):

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## PHOTOGRAPHS

The University may photograph students for publicity reasons (e.g. prospectus etc). If you **DO NOT AGREE** for your photograph to be used **please tick the box.**

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

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