

Application Form for Study Abroad Students at Regent's College

PLEASE COMPLETE THIS FORM AND EMAIL TO INBOUND@REGENTS.AC.UK

Full Name: (as appears on passport)	
Home Institution:	
First Semester at Regent's College:	
Length of Stay:	

Personal Details

Date of Birth	
Sex	
Nationality (if you have dual nationality, state both)	
Passport number	
Permanent Address:	
Personal Email:	
Telephone Number: (including country code)	

Visa Status

I am a	<input type="checkbox"/> EU Citizen <input type="checkbox"/> Non – EU Citizen
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NON EU/EEA Nationals Only

For non-EU/EEA Nationals there are now two visa routes depending on the length of stay and the student's desire to work during their stay.

1. Student Visitor Route
2. Tier 4 (General) Student Route

In order to choose the correct visa route you will need to consult the 'Visa Options for Students Guide' which is available at the study abroad section of our website.

Please note: Regent's College is not legally permitted to advise students on immigration matters.

I want to apply for a	<input type="checkbox"/> Tier 4 (General) Student Visa <input type="checkbox"/> Student Visitor Visa
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Please email your completed document to INBOUND@regents.ac.uk by the deadline specified in your application guide.

Regent's College Health, Medical and Disability Declaration Form

This form must be completed and submitted as part of your application to Regent's College

Regent's College welcome students with disabilities and strongly encourages you to disclose any disability or medical condition which may have an impact on your studies. Declaring a disability will not affect your application but will help us put any individual arrangements or facilities in place for the start of your semester at RACL. Support is provided through the Disability Officer at Regent's College.

Please tick the relevant box(es) below

- | | |
|---|---|
| <input type="checkbox"/> No known disability | <input type="checkbox"/> Mental health condition (depression, schizophrenia) |
| <input type="checkbox"/> I do not wish to disclose any information | <input type="checkbox"/> Learning difficulty (dyslexia, dyspraxia) |
| <input type="checkbox"/> Social / Communication impairment (Autistic Spectrum Disorder / Asperger Syndrome) | <input type="checkbox"/> Physical impairment / mobility issues (Wheelchair user) |
| <input type="checkbox"/> Blind / visual impairment | <input type="checkbox"/> Other disability / impairment / medical condition (not listed) |
| <input type="checkbox"/> Deaf / hearing impairment | <input type="checkbox"/> Long standing illness / health condition (cancer, diabetes) |

Please indicate any additional support you may require

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- Disability documentation enclosed

Please indicate any health / medical conditions you think we should be aware of (such as allergies)

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- I agree that the information declared may be passed on to other relevant staff members at Regent's College as necessary. This will enable them to liaise with your School to best support you in your studies.

I consent to the information given in this supplement being stored electronically within Regent's College Student Records System. I understand that strict rules on security and confidentiality of data will be observed and the provisions of the Data Protection Act 1998 will apply on use of and access to information. This consent will cover the period of my studies at Regent's College unless it is withdrawn by me in writing.

Name: _____ Date: _____
(Please Print)

Signature: _____

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- I do not agree that this information may be passed on to any other person

Name: _____ Date: _____
Signature: _____

Please email your completed document to INBOUND@regents.ac.uk by the deadline specified in your application guide.