

Methodist Chaplaincy House

58A Birkenhead Street, London, WC1H 8BW

Phone: 020 7278 5640

Fax: 020 7278 5640

Email: mchouse@wlm.org.uk

Website: www.wlm.org.uk/mch.htm

1. Full Name

2. Date of Birth and age

3. Sex
Male / Female

4. Marital Status

5. Nationality

6. Religion/ Denomination

7. Next of Kin
Name:
Relationship to you:
Address:
Tel:

8. Present Address
E-Mail:
Tel:

9. Permanent Address (if different)
Tel:

10. Address of college you will be attending:
Tel:

11. Course

12. Year of study

(Leave space blank)

13. Source of funding

16b. Would you be willing to share a twin?

Yes / No

14. References

A) Proof of student status from college you will be attending:

Name:

Address:

Tel:

E-mail (if applicable):

B) Personal Character profile, (from someone who is not related to you, i.e. academic tutor, minister of religion, employer.):

Name:

Address:

Tel:

E-mail (if applicable):

18. Details of any known medical conditions:

19. How did you hear about Methodist Chaplaincy House?

20. Any further information:

Declaration:

Please sign to declare that all of the above is correct and return this form to the chaplain at Methodist Chaplaincy House.

15. When do you require accommodation?

From:

Until:

Signed:

16a. Would you prefer a single room?*

Yes / No

Date: