Denman Marcham Abingdon Oxon, OX13 6NW Tel: 01865 391991 Fax: 01865 391966 E: info@denman.org.uk www.denman.org.uk



Please return this form to your Denman Ambassador

Cumbria Westmorland Federation Denman Application Form

			Perso	nal I	nformatio	n (pl	ease us	e blo	ek lette	rele es	de the switch	
Name			1000					* 6. *4. }				
Address	5											
Postcod												
Telephone No. Mobile No.					Email:							
This visit NB: Non-	is ope	en to mei bers carr	mbers a	and if	undersubsci	ribed,	also to a	ssocia	ite mem	bers and nor	ı-members.	
NB: Non-members carry a surcharge of £40.0 WI Full Member Yes WI As					WI Asso	ociate Member Yes				Non Member		
Please n member	ame		of whi	ich yo	ou are a		e you p ege?	revio	ously at	Yes [ttended De	nman	
						Yes No No						
Are you	a bur	sary ho	older?		Yes 🗌	N	o 🗌					
Every e	ffort v	will be m is is not	ade to always	ensur possil	Chosen Co e your first co ole, so we as	hoice	of gourse	o hor	vever oc	casionally du	e to course	
		Cours No.	se			e Title			e choice of course is listed below. Course Allocated (Completion by Denman Amb.)			
1st Choice									•			
2 nd Choic	ee											
					Additiona	l Info	rmatio	n				
Room Preference (please note that preference cannot be guaranteed)			Sing	le 🗌	Shared [Disabled Room [Room [
Name/s of sharing partner/s				1. 2. 3.								
ge Froup		r 18 🗌	18 - 29	• 🗆	30 - 39 🗀	40	40 - 49 🔲 50 - 59		59 🗌	60 - 69 🗌	Over 70	
Date of Bir												
B: Guest	s of al	l ages ar	e welco	me. h	owever in li ardian at all	ne wit	D.	2 D	1. 1	111 1		

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Special dietary / accommodation requirements											
Can you walk unaided?			Yes No								
Can you climb stairs to other floors?			Yes No (We do NOT have a lift)								
Do you need a walk- in shower?			Yes 🗌	No 🗌							
Disability / Mobility Please note that in cases where students cannot look after themselves, we ask that they are accompanied at all times by a carer. We are not able to provide care or nursing assistance. The carer attends the college at a reduced rate, if not on a course. Please contact your Denman Ambassador or the College for the cost. Will you be accompanied by a carer? Yes No Please give details of someone who may be contacted in the event of an emergency.											
Name		o Price deta	115 01 50111	Cone viio	Telephone Number		ane of sur-differ Rendia				
Addr	ess										
Financial Information Please note a non refundable deposit is required to secure your place. Your Federation will let you know when this and the balance are due.											
Cancellations Please be advised that Denman operates a cancellation policy which is detailed below, it is strongly recommended that you take out insurance cover. Denman Cancellation Policy Deposits are non-refundable From six weeks before start date – forfeit 100%											
Signe	ed				Date						
Coacl	n: Please Pick-up	tiek your p	referred	pick-up po	oint						
1.											
2.											
3.											
4.											
For O	ffice Use	by Fede	ration								
Deposit paid					Balance paid						
Room allocated					Course allocated						
Special requests					Additional notes						

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Denman Ambassador: Please copy this form for your records