



(physical or mental) for which you  
are receiving treatment?  
Yes / No

Please state, in brief, your  
VtbX]h]cb

of confirmation)? Yes / No

*[You will be notified if evidence is required to be submitted – you may  
choose to submit evidence if you already have it, or can obtain and  
submit it without our request if you so wish.]*

Please state the reasons for your request below explaining how the accommodation choice(s) above will address these reasons:

1

2

3

4

I confirm that the above information is correct and accurate at the time of completion, and that I have read and understood the Guidance notes for students:

G][ bYX

8UHY

Please send the completed form as an email attachment to [accommodation@bournemouth.ac.uk](mailto:accommodation@bournemouth.ac.uk) or take a copy into the Residential Services office on the fifth floor of EBC, 89, Holdenhurst Rd, Bournemouth, Dorset, BH8 8EB.

The information provided on this form will be retained by Bournemouth University in a secure file for the purposes of the Residential Services Team and the data will be held until the end of that Academic Year. The data will not be disclosed to any organisation not associated with the University.

If you have any queries, please contact Legal Services: [legalservices@bournemouth.ac.uk](mailto:legalservices@bournemouth.ac.uk)