



ACCOMMODATION APPLICATION FORM

Last Name

First Name

Nationality Passport number or Social Security number

Date of Birth Sex Male Female

E-mail

Useful information for accommodation. Personal habits, hobbies, interests.

Please indicate your preferred type of accommodation using the numbers from 1 to 4

Student Residences

Family (full-board)*: Single room Double room Double single use room

If staying with a family, you would like to share a room with a particular person, please state their name

	No	Yes
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Would you mind living with smokers?	<input type="checkbox"/>	<input type="checkbox"/>
Would you mind if the family has children?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a vegetarian,vegan,pescatarian,etc?*	<input type="checkbox"/>	<input type="checkbox"/> Please specify: <input type="text"/>
Would you mind if the family has pets?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any type of allergy?	<input type="checkbox"/>	<input type="checkbox"/> Please specify: <input type="text"/>
Are you taking any special medication?	<input type="checkbox"/>	<input type="checkbox"/> Please specify: <input type="text"/>
Do you suffer from any physical disability or illness you want to mention?	<input type="checkbox"/>	<input type="checkbox"/> Please specify: <input type="text"/>
Other dietary restrictions: allergies, religious, etc.**	<input type="checkbox"/>	<input type="checkbox"/> Please specify: <input type="text"/>

Date from which accommodation is required

Date of arrival Date of departure

Please fill out the form fields including date and signature.

* The student is free to request a change in host family if necessary

** In the event of requiring a special diet (celiac, vegetarian, vegan, etc...), there will be a supplement charge of 2 euros per day.

SIGNATURE*

Date: _____

BASIC DATA PROTECTION INFORMATION

■ *By signing this document you accept to having read and agreed with the processing of your data according to the information provided below.

RESPONSIBLE: Formación y Gestión de Granada SL (Centro de Lenguas Modernas).
PURPOSE: Management of the accommodation service request to students of the center.
LEGITIMIZATION: Execution of contract.
RECIPIENT: To the families / residences / flats where you stay and assignments provided by law.
RIGHTS: You have the right to access, rectify and delete data, and other rights, detailed in the additional information.
ADDITIONAL INFORMATION: For more detailed information on Data Protection, please visit our website: <https://gdpr.clm-granada.com>