



REGISTRATION FORM

Your personal information

Name	
Scholar ID	

Your UK contact information

UK address		
Telephone number		Preferred email contact (tick one)
University e-mail address		<input type="checkbox"/>
Personal e-mail address		<input type="checkbox"/>

Your emergency contact information

Name	
Email address	
Address	
Telephone number	

Your family circumstances

(Note that you will have to fill the separate 'Family Record Form' if you wish to apply for family allowances)

Marital Status	
Is your spouse accompanying you to the UK?	
How many children are accompanying you?	

Your visa information

Name as it appears on your passport	
Passport number	
Passport expiry date	
UK visa expiry date	
UK port of entry	

You **must submit a copy of your passport** showing the personal information page and a copy of your **Biometric Residence Permit** (or visa if your award is for six months or less) with this form. If you have undertaken a TB Test as part of your visa application please also **attach your receipt** with this form in order for a reimbursement to be made to you (not required from Shared Scholars).

If you are an EEA national or are on a visa for less than six months:

You have been asked to take out insurance to cover any possible medical treatment whilst in the UK.

Have you taken out such insurance cover? YES NO What was the cost of that cover?

I declare that the details given above are correct. I will keep the Commonwealth Scholarship Commission Secretariat informed of any changes in my circumstances.

Signature: _____

Date: _____