

The Cambridge Peers Programme

APPLICATION FORM

Student Details

First Name			
Date of Birth			
Nationality			
Male	☐	Female	☐
Mobile Number			

Family Name	
Place of Birth	
Native Language	
Other Language	
Email Address	

Address	

Passport Number			
UK Visa Held	Yes ☐	No	☐

Passport Expiry	
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Parent Details - Father

Name	
Phone Number	
Profession	

Email Address	
Mobile Number	
Company Name	

Address	

Parent Details - Mother

Name	
Phone Number	
Profession	

Email Address	
Mobile Number	
Company Name	

Address	

Agent Details

Name of Agency	
Phone Number	

Contact Name	
Email Address	



The Cambridge Peers Programme

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Which programme you are taking? Please tick whichever is applicable:

Pathway	Intake / Year
The Cambridge Peers Arts Pathway ☐	January _____
The Cambridge Peers Science Pathway ☐	January / July _____
The Cambridge Peers Business Pathway ☐	January / July _____

Please note: All payments are **NON-REFUNDABLE** in whatsoever situation, including the student absent from the exam sittings.

Accommodation

Own Accommodation ☐

Residential Accommodation

(There are limited places available in some room types. Please indicate your preferred room type with a 1 and a second and third choice with 2 and 3 in case your preferred room is unavailable)

Single Room with Shared Shower ☐	Single Room with Shower ☐
Single Room with En-Suite ☐	Twin Room with En-Suite ☐

Places in Halls of Residence are subject to availability.

Please note that we have very few places in the Halls of Residence available for courses starting in January.

Please see terms & conditions

Signed

Student (if 18+) _____

Parent _____

Date _____

An application form cannot be accepted without a signature and the signature should be that of the parent or student if over 18.
Agents should not sign on behalf of the student or parent.

I have read and agree to the terms and conditions ☐

I have read the privacy policy ([click here](#)) ☐



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PARENTAL CONSENT FORM

To UK VISAS AND IMMIGRATION

RE: _____ (insert name of student)

We can confirm that we are the biological parents of (insert name of student)

We can also confirm that we are content for our Son/Daughter to attend St Andrew's College; An Independent Tutorial and Sixth-Form College in Cambridge – to commence a (insert course name and length of course) course.

We can also confirm that the funds held in the bank accounts presented as part of the application will be used to support our Son/Daughter's education in the UK.

We hereby give our consent for our son / daughter (delete where applicable) to live and travel independently in the UK and to independently travel to and from the UK.

We also agree with the living arrangements organised by St. Andrew's College, Cambridge.

Full Name of Parent 1	
Date	
Signature	

Full Name of Parent 2	
Date	
Signature	

Home Address