



Girton College Registration Form 2020

Please complete this form and return it to the Postgraduate Office by 16th October 2020

Family name:	Forenames:	Preferred first name:
Date of birth:	Place of birth:	Title: (e.g. Mr, Miss, Ms)
Nationality:	Mobile number:	
Home address:	Cambridge address: (If not living in College)	

Parent or Guardian's full name: (please state if deceased)	Parent or Guardian's full name: (please state if deceased)
Parent or Guardian's occupation:	Parent or Guardian's occupation:
Parent or Guardian's address: (if different from home address)	Parent or Guardian's address: (if different from home address)

Next of Kin or Guardian (We assume your next of kin will be your parents or guardians, as detailed above. If this is not the case please complete the following information)	Name:
Address:	Relationship to you:

Girton relatives: (Name of any family members who studied at Girton)

Married / Single	Is your partner accompanying you in Cambridge? YES / NO
If your partner is accompanying you, please complete the following:	
Partner's name:	Children (names and date of births) (if applicable):

Please turn over

Pre Girton education

(Undergraduates from the age of 11; Graduates from first University degree)

Name of School / University:
(if not UK please include the country)

Dates attended:

Qualifications:

If necessary continue on a separate sheet

Details of your source of funding for your Cambridge University course:

- In accordance with the provisions of the General Data Protection Regulation (GDPR) I understand that the personal data I have supplied above will be kept by the College and transferred to the College Archives. I accept that this data may be used for administrative, statistical and archival research purposes within the terms of the GDPR. For further details please see the College's [GDPR Policy](#).

Signature:

Date: