



# 2025 Apprentice / Short term Accommodation Application Form

Please complete all sections and ensure that supporting (certified) documents are attached and submit your application to [bps@sunitafe.edu.au](mailto:bps@sunitafe.edu.au)

## PERSONAL DETAILS

Surname (Legal Family Name) \_\_\_\_\_ Gender  Male  Female  Other  
Given Names (Legal Given Names) \_\_\_\_\_ Date of Birth DD/MM/YYYY  
Postal address for courier delivery  
No. & Street Name/PO Box \_\_\_\_\_  
Town/Suburb/ Country \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Email Address \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Telephone Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_  
Clinic Name/Street Address \_\_\_\_\_ Town/Suburb \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_ Clinic Telephone \_\_\_\_\_  
Do you have private health cover?  Yes Fund Provider \_\_\_\_\_ Policy No. \_\_\_\_\_  
Do you have ambulance cover?  Yes Membership No \_\_\_\_\_ Policy No. \_\_\_\_\_  
Please list any known allergies, illnesses or disabilities \_\_\_\_\_

## REFEREE DETAILS

Please provide details of TWO referees to support your application. Referees can be school teachers, employers, or previous landlord. Please advise the nominated referees that they will be contacted by SuniTAFE in respect to your application for student residences.

References may not be provided by family, friends, SuniTAFE staff or a person that works with the student in a welfare/wellbeing type capacity (counsellor, psychologist, case manager, youth worker, social worker etc.)

(International students are welcome to contact the international Centre for assistance in providing referees)

Referee 1: Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Telephone Business Hours \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_

Referee 2: Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Telephone Business Hours \_\_\_\_\_ Mobile \_\_\_\_\_

## APPRENTICES ONLY – BLOCK DATE ACCOMMODATION

**SHORT TERM ACCOMMODATION:** Please indicate the total number of night requested. Please note linen is included in the cost.

Short Term Accommodation  
For Apprentices ONLY

\$40/night (\$200 bond and full payment required in advance of arrival date)

Employer paying for accommodation  No  Yes Attach Authority to Invoice

Please indicate your arrival dates and departure dates for accommodation required:

NOTE: A copy of your block dates must be included with this application.

BLOCK DATE 1:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 2:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 3:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 4:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 5:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 6:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 7:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 8:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 9:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 10:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 11:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>
BLOCK DATE 12:	Arrival Date	<u>DD / MM / YYYY</u>	Departure Date	<u>DD / MM / YYYY</u>

Employer Business Name

Employer Contact Name

No. & Street Name/PO Box

Town/Suburb

State

Postcode

## RESIDENCES AGREEMENT

### The Residences Agreement

This agreement is made between the Sunraysia Institute of TAFE (Hereinafter "The Institute") and the applicant listed on page 1 of this form (hereinafter "The Resident").

The Institute reserves the right to make adjustments to this Agreement without prior notice. All Residents will be notified in writing of any amendments.

#### THE INSTITUTE – The Institute agrees to:

- give the resident a copy of this Agreement at least two working days before it is required to be signed.
- allow the use of a room for the Resident's accommodation purposes at the Institute during normal residential operating period or until the duration of the Resident's course.
- allow the Resident the occupation of the room without interference to the reasonable peace, comfort and privacy of the resident, except that the Institute shall have the right to enter the room for the purpose of providing and/or maintaining the services set out in the Agreement and/or for the purpose of carrying out inspections and/or repairs.
- equip the room with furniture and fittings as described in a Room Inventory Form.
- maintain all furniture and fittings in good useable order during the

term of this Agreement.

- fit the room with a lock or other security devices as necessary to keep the room reasonably secure.
- clean all floors and surfaces at least once weekly during the term of this Agreement.
- provide heating, lighting and ventilation in rooms and to maintain these services at an appropriate level during the term of this Agreement.
- allow the Resident use of common areas within the Institute, including corridors, laundries, kitchenettes, foyers, designated common and study areas, showers and toilets.

#### THE RESIDENT

- I agree to pay all bond and rental fees in advance and ensure all rental payments remain paid in advance.
- I agree that I will only occupy the room allocated by SuniTAFE.
- I agree to occupy any other room as may be allocated by SuniTAFE from time to time during the course of the year.
- I agree to keep the room in a clean and tidy condition, and maintain furniture, fittings and services provided in good order.
- I agree to pay for any damages caused to furniture, fittings or services within Residences at rates decided by the Institute.
- I agree to leave in the same manner of connection or operation, any services installed in the premises at the commencement of this

Agreement and to pay to the Institute any charges in relation to reinstatement of services incurred as a result of the Resident's acts or omissions.

- I agree that the duress alarm will only be activated in an emergency.
- I agree that I will not to smoke or vape in buildings and will ensure their guests will comply with the not smoking restrictions.
- I will not have a pet or animal whilst in Residences.
- I will not erect, inscribe or affix to the buildings which will leave evidence of its existence when removed.
- I will not behave in a manner that is not offensive including making excessive noise/music or using unacceptable language.
- I will not burn candles or use flames in the Residences complex.
- I agree to pay any fees applied if I call out security (lost key, left key in room)
- I agree my visitors must be signed-in and out of the Residential Complex, and as an occupier of the Residences and will be held responsible for all guests
- I will not abuse or distribute prescribed drugs on the SuniTAFE Campus.
- I will not possess, use or distribute illegal drugs or have in possession implements associated with the use of illegal drugs on the SuniTAFE Campus.
- I agree I am not permitted to keep any weapon or other item that poses a risk to the safety of other Residences.
- I will not use hair dyes, paints or other colorants in bathrooms or kitchen areas.
- I understand this Agreement shall be terminated at 12 Midnight on the day of vacating the Residential Complex.
- I understand that I am bound by the disciplinary decisions made by the Institute under the terms of the Institute's Regulations and Rules, and acknowledge that this Agreement may be terminated by such decisions.

- terminate, or pay for any shortfall in notice.
- Should notice not be provided, or relevant forwarding address details to the Institute upon vacating the Residences, Bond payment will be held for a period of 12months before being

forfeited.

- Should the Resident vacate the room without the Agreement being terminated in accordance with the preceding clause, they agree to pay the Institute all remaining fees for that term or all such fees until their vacancy is filled. The Bond will be retained for four weeks prior notice to terminate this Agreement is not provided.
- Where the Resident wishes to continue in residence outside the term of this Agreement, the Institute may, at its sole discretion, permit me to occupy a room under the terms and conditions of this Agreement upon paying such residence charges as the Institute has disclosed to me for such occupancy, before the signing of this Agreement.
- Upon termination of this Agreement for any reason, the Resident agrees to promptly and peacefully give vacant possession of the room, including the handing over of all keys to the Institute, and to notify the Institute of an address at which I can be contacted.
- The Resident understands and accepts the authority of the Institute Chief Executive Officer, or delegated representative, to impose fines, or other such penalties as are appropriate, including expulsion from the Residences in the event of my breaking any rule or not adhering to accepted codes of behaviour. Where expulsion is the penalty, the Resident agrees to vacate the premises under supervision within 7 days of such a penalty being imposed, unless determined otherwise by the Institute Chief Executive Officer or delegated representative.

I, (insert name) \_\_\_\_\_  
\_\_\_\_\_ **having read the Resident's Agreement which includes the General Guidelines and Rules of Residents, agree to abide by all rules and regulations as decreed by the Institute Chief Executive Officer, residence coordinator or other delegated representative of the Institute.**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application Checklist

- I have completed the application form in full
- I have read, understood and signed the Residences Agreement
- I acknowledge that if my application is successful that I will be required to pay a bond and rent in advance

## OFFICE USE ONLY

Residence staff Signature: \_\_\_\_\_

- Complete application received
- References checked and application accepted Date: \_\_\_\_\_