



2020 Residence Application Form

Please complete all sections and ensure that supporting (certified) documents are attached and submit your application to the Customer Service Centre at SuniTAFE, Mildura Campus

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 _____
Email Address _____

Please complete this section if you are applying for long term accommodation.

LONG TERM ACCOMMODATION INFORMATION

LONG TERM ACCOMMODATION: Please mark in order 1 to 3 of preference. Please note linen is not included in the cost.

| | | | |
|----------------|----------------|--------------------------|--|
| Arrival Date | DD / MM / YYYY | <input type="checkbox"/> | Large Single Room \$170/week (\$450 bond and 2 weeks in advanced required on arrival) |
| Departure Date | DD / MM / YYYY | <input type="checkbox"/> | Small Single Room \$155/week (\$450 bond and 2 weeks in advanced required on arrival) |
| | | <input type="checkbox"/> | Shared Room \$105/person/week (\$450 bond and 2 weeks in advanced required on arrival) |

Do you require a cutlery /crockery pack? No Yes \$20 per pack (full payment required on arrival)

No Yes \$30 per pack (full payment required on arrival)

If no linen pack is required you will need to supply your own sheets, pillow and blanket

Do you require a linen pack?

Please indicate if you will be vacating your room during term breaks?

NOTE: Vacating your room will require removing all your possessions from Residences during this period.

Term 1 Break Yes No

Term 2 Break Yes No

Term 3 Break Yes No

Term 4 Break Yes No

Please complete this section if you are an apprentice applying for short term accommodation.

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 | <input type="checkbox"/> | \$35/night (\$200 bond and full payment required in advance of arrival date) |
|---|--------------------------|--|

Do you require a cutlery/crockery pack? No Yes \$20 per pack (full payment required on arrival)

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

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 to make arrangements for direct debit or Centrepay payments within the first two weeks of tenancy.
- 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 ensure all personal electrical items are tested and tagged prior to use, and pay all costs associated with testing and tagging of these items.
- 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 to vacate allocated room during holiday periods in accordance with instruction from SuniTAFE.
- I agree that the duress alarm will only be activated in an emergency.
- I agree that I will not to smoke 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 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 that I am not permitted to keep or consume alcohol on the premises if a minor.
- 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 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 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.

TERMINATION

- Should the Resident terminate this Agreement early, they shall give to the Institute in writing, two weeks' notice of intention to 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 12 months 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, Facilities Manager 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

Please print and sign the application form where indicated and return to the Customer Service Centre, Mildura Campus.

OFFICE USE ONLY

- | | |
|--|-------------|
| <input type="checkbox"/> Complete application received | Date: _____ |
| <input type="checkbox"/> Registration fee received and processed | Date: _____ |
| <input type="checkbox"/> References checked and application accepted | Date: _____ |
| <input type="checkbox"/> Room allocated | Date: _____ |
| <input type="checkbox"/> Confirmation of Residences acceptance sent to student | Date: _____ |
| <input type="checkbox"/> Application declined (state reason below) | Date: _____ |
| <input type="checkbox"/> Non-Acceptance letter sent to student | Date: _____ |

Residence Officer Signature: _____