

2018 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 _____ 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.)

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 \$165/week (\$450 bond and 2 weeks in advanced required on arrival)
Departure Date	DD / MM / YYYY	<input type="checkbox"/>	Small Single Room \$150/week (\$450 bond and 2 weeks in advanced required on arrival)
		<input type="checkbox"/>	Shared Room \$100/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)

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Term 2 Break	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Term 3 Break	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Term 4 Break	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 \$30/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** _____

Telephone _____ **Business Hours** _____ **Mobile** _____

Email Address _____

Payment Details

You are required to pay a non-refundable application fee of \$40.00 before processing of your application can be completed.

Select your payment method: Money Order/Bank cheque made payable to 'Sunraysia Institute of TAFE'
 Credit Card (complete details below)

Card Type: Visa Card Mastercard Bankcard

Card No: _____ Card Expiry: _____

Name on Card: _____ Amount: _____

*I hereby authorise Sunraysia Institute of TAFE at Benetook Avenue, Mildura 3502, Victoria Australia to charge the above amount in Australian dollars to my credit card (as per the details provided above)
All credit card details will not be stored by SuniTAFE following processing.*

Cardholder Signature: _____ Date: _____

Application Checklist

- I have completed the application form in full
- I have read, understood and signed the Residences Agreement
- I have included payment for my non-refundable application fee
- 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: _____ |

Administration Officer Signature: _____