2017 Residence Application Form

Please complete all sections and ensure that supporting (certified) documents are attached and submit your application by email to residences@sunitafe.edu.au

Please write in BLOCKLETTERS and use BLACK or BLUE pen.

Personal Details of Applicant (Student)

Family Name: ____________________________ Given Name/s: ____________________________

Date of Birth: □ / □ / □ □ □ □  Gender: □ Male □ Female

Postal Address: ________________________________________________________________

(Street address for courier delivery)

Number / Street ______________________________________________ State ________________

Suburb / City __________________________________________ Postcode / ZIP Code ____________

Telephone: ____________________________ Business Hours ____________________________

After Hours ____________________________ Mobile ____________________________

Parking Required: □ Yes  Car Registration No: ____________________________

Expected Arrival Date: □ / □ / □ □ □ □  Expected Departure Date: □ / □ / □ □ □ □

Enrolment Information

Name of Course: ____________________________

Start Date: ____________________________ End Date: ____________________________ Is your enrolment confirmed? □ Yes □ No

Enrolling Institution: □ SuniTAFE  □ La Trobe University

□ Other educational partner (specify) _____________________________________________

Accommodation Information

Room Type: □ Large Single $165.00 per week □ Shared Room $100.00 (per person) per week (max 2)

□ Small Single $150.00 per week □ Apprentice Room (incl. linen) $30.00 per night

Cutlery/crockery pack (includes knife, fork, spoon, bowl, small and large plate, mug, glass, frying pan, tea towel) $20: □ Yes □ No

Linen Pack: (Price on application).

Emergency Contact Details:

Name: ____________________________ Relationship: ____________________________

(e.g. parent, Legal Guardian)

Telephone No: ____________________________

Medical Information

Doctors Name: ____________________________ Telephone No: ____________________________

Clinic Name: ____________________________

Clinic Address: ________________________________________________________________

Number / Street __________________________________________ State ________________

Suburb / City __________________________________________ Postcode / ZIP Code ____________

Do you have private health cover? □ Yes  Fund Provider: ____________________________ Policy No: ____________________________

Do you have Ambulance Cover? □ Yes  Membership No: ____________________________

Please list any known allergies, illnesses or disabilities: ____________________________

CRICOS Provider Code: 01985A | RTO Code: 4693
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 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.
• Fit the room with a lock or other security devices as necessary to keep the room reasonably secure.
• 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 – The Resident agrees to:
• Pay all bond and rental in advance and ensure all rental payments remain paid in advance. Direct debit or Centrepay payments must be arranged within the first two weeks of tenancy. Any alteration to the rental fee will be preceded by 30 day’s notice. Overdue fees will incur a late fee per week.
• Occupy the room allocated by residence staff.
• 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.
• The resident acknowledges that permission to come into, or remain in residences may depend in part upon satisfactory attendance and academic progress, and hereby authorises the Institute to release his/her academic and attendance records.
• Vacate my allocated room during holiday periods in accordance with instruction from the Facilities Manager. I also understand that I may seek exemption from vacating from the Facilities Manager.

Additional Information for Apprentices Only

Employer Name: ________________________________

Address: _____________________________
Suburb / City _____________________________
Number / Street _____________________________
State _____________________________ Postcode / ZIP Code

Telephone: _____________________________
Business Hours _____________________________ Mobile

Referee Details (ALL Applicants to Complete):

Please provide two referees to support your application. Referees can be teachers, employers, or a previous landlord (not family or friends). Please advise the nominated referees they will be contacted by Sunraysia Institute of TAFE in respect to your application for student residences.

Referee Name: _____________________________

Telephone: _____________________________
Business Hours _____________________________ Mobile

Referee Name: _____________________________

Telephone: _____________________________
Business Hours _____________________________ Mobile

Apprentices are required to send a copy of their block dates to the Residence Office with their application pack. Apprentices MUST PHONE ONE WEEK IN ADVANCE to confirm their accommodation for each block they attend and PRE PAYMENT OF ACCOMMODATION MUST BE MADE AT THIS TIME ALSO.
by requesting said exemption in writing. All residents must vacate over the summer holiday break and reapply for the following year.”

- Except on notice boards provided by the Institute, I will not erect, inscribe or affix to the buildings or permit to be placed thereon, any writing, sign or other similar matter, which will leave evidence of its existence when removed.
- Personal radios, cassette players, Stereo Systems, Televisions and Computers may be used in the room, provided they do not constitute annoyance to other residents.
- A small refrigerator may be used in the room, provided that it does not constitute an annoyance to other residents and subject to permission being granted by Residence Staff.
- Ensure all electrical items are tested and tagged prior to use, and pay all costs associated with testing and tagging of electrical items that are to be used whilst residing on residences.
- Visitors must be signed-in and out of the Residential Complex, and as an occupier of the Residences I will be held responsible for my guests. Out of town and/or overnight visitors may be accommodated in Residential Units, subject to availability and in accordance with the Resident’s Visitors Policy. Rates for such occupancy are in accordance with the Rates Schedule which may be varied from time to time by the Board of the Institute.
- This Agreement shall be terminated at 12 Midnight on the day of vacating the Residential Complex.
- I will not keep or consume alcohol on the premises if I am a minor. If I am of legal age, I will not keep or consume alcohol on the premises unless permitted by the Facilities Manager.
- I will not abuse or distribute prescribed drugs. I will not possess, use or distribute illegal drugs or have in my possession implements associated with the use of illegal drugs.
- I will not keep, or allow to be kept, any weapon or replica or other item that poses a risk to the safety of other residents.
- I will not keep, or allow to be kept, any pet or animal whilst in residences.
- I will not smoke in buildings and ensure that my guests comply with smoking restrictions also.
- I will not burn candles/ use, flames or flammable material in the residence complex.
- I will only activate the duress alaram in an emergency.
- I will use fire safety equipment and doors only in genuine circumstances, and comply with all instructions of fire wardens.
- I will always respond quickly to fire alarm tone sequences
- I will not use hair dyes, paints or other colorants in bathrooms or kitchen areas
- I will not leave external doors/ gates to residence areas open, including the car compound gate
- I shall not behave in an Offensive manner including excessive noise/music, unacceptable language/disturbance etc whilst residing on residences.
- I shall attend 80% of relevant classes regularly and consistently.
- I am bound by 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**

- In the event of me wishing to terminate this Agreement early, I shall give to the Institute in writing, two week’s notice of intention to terminate, or pay for any shortfall in notice.
- I am aware that should I not provide notice, or relevant forwarding address details to the Institute upon vacating the Residences, my Bond payment will be held for a period of 12 months before being forfeited.
- Should I vacate the room without the Agreement being terminated in accordance with the preceding clause, I shall pay the Institute all remaining fees for that term or all such fees until my vacancy is filled. The Bond will also be retained if four weeks prior notice to terminate this Agreement is not provided.
- Where I wish 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, I agree 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.
- I understand and accept 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, I shall 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.

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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: ____________________________
Payment Details

You are required to pay a non-refundable application fee of $40.00 before processing of your application can be completed. All payments must be received with either your reference, your full name or invoice number listed on the tuition fees invoice.

Select your payment method:  
☐ Money Order/Bank cheque made payable to ‘Sunraysia Institute of TAFE’
☐ Personal cheque payable to the ‘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)

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, I will be required to pay a bond and key deposit

Please print and sign the application form where indicated and return to:

By post;  
Sunraysia Residence Officer  
Sunraysia Institute of TAFE  
P O Box 1904  
Mildura VIC 3502

By email;  
residences@sunitafe.edu.au

By facsimile;  
+61 3 5022 3600

OFFICE USE ONLY

☐ Complete application received  
☐ Registration fee received and processed  
☐ References checked and application accepted  
☐ Room allocated  
☐ Confirmation of Residences acceptance sent to student  
☐ Application declined (state reason below)  

Date: ___________________________

☐ Non-acceptance letter sent to student  
Residence Officer signature: ___________________________ Date: ___________________________

Notes: ___________________________