



ACCOMMODATION

Application Form

Long Term

Short Term

Apprentice

Overnight

I understand that this is an application for accommodation only. I will be notified by Residential Staff or Student Services Manager if my application is successful. Applications should include details of any medical, dietary or religious requirements in a separate statement.

Email: residential@crtafe.wa.edu.au

STUDENT DETAILS			
Title:		Surname:	
Given Name/s:			
Date of Birth:		Phone:	
Nationality:			
Email:			
Course Name:			
Course Type:			

PERSON RESPONSIBLE FOR PAYING ACCOUNTS (if other than student)			
Name:			
Company Name (if applicable):			
Address:			
Phone:		Email:	
ABN (if applicable):			

PERMANENT HOME ADDRESS			
Number/Street:			
Town/City:		Postcode:	

MAILING ADDRESS (if same as above please state "As Above")			
Number/Street:			
Town/City:		Postcode:	

VEHICLE			
Registration:		Colour:	
Make & Model:		State Vehicle Registered in:	

HEALTH AND MEDICAL HISTORY FORM

Please provide medical history, past and present, to the best of your knowledge. This is to assist staff to help you in case of an emergency.

GENERAL DETAILS			
Name:		Date of Birth:	
Medicare No:		Private Health Cover Policy Number (if applicable):	
Have you had a tetanus needle within the past 12 months:		St. John Ambulance Cover Policy Number (if applicable):	

Please indicate if you are currently experiencing, or have previously experienced any of the following conditions:

Nervous disorder		Hearing or sight impairment	
Asthma or any other lung condition		Allergies	
High blood pressure		Back injury	
Rheumatic fever		Depression or anxiety	
Kidney disease		Bi-polar	
Diabetes		ADHD	
Heart Problems		Mental Illness	

Other conditions or injuries not mentioned above:

Are you taking any regular prescription medication:

Are you allergic to any antibiotics?

Do you have other allergies or medical history Residential Staff should be made aware of?

If you have answered **YES** to any of the above please give **FULL DETAILS** (including names, dates, nature, duration, treatment given etc):

EMERGENCY CONTACT AND AUTHORISATION FORM

(AS PER ENROLMENT FORM)

EMERGENCY CONTACT DETAILS			
Emergency Contact:			
Home Phone:		Work Phone:	
Mobile:		Relationship:	
Emergency Contact 2:			
Home Phone:		Work Phone:	
Mobile:		Relationship:	

I give permission for Residential staff to share information with the following agencies:
Please tick any appropriate agencies and add contact information.

AGENCY

Doctor	→	_____
Psychologist	→	_____
Councillor	→	_____
Mental Health Provider	→	_____
Other (Please specify)	→	_____

AUTHORISATION

Permission is granted to Central Regional TAFE's Managing Director or authorised person to permit medical authorities to render anaesthetics and/or medications including blood transfusions or any other necessary lifesaving treatment in the case of an emergency if the patient's parent or guardian/s cannot be contacted.

Signature: **X** _____

Name: _____ Date: _____

Witness Signature: **X** _____

Name: _____ Date: _____

NATIONAL POLICE CERTIFICATE

ALL students must have a National Police Certificate to be able to enter and stay at Pepperell Student Village.
* This does not apply to Residents under 18 years of age.

I have applied for and provided a National Police Certificate. → Date: _____

www.wa.gov.au/service/justice/criminal-law/apply-national-police-certificate

RESIDENTIAL BOND INFORMATION FOR OVER NIGHT STAY (3 NIGHTS OR LESS ONLY)

As an Over Night residential tenant at Pepperell Village, I agree to provide College Staff with my Credit Card details to be held as a Bond assurance until check out.

If any outstanding Central Regional TAFE debt, damages or additional cleaning costs have been incurred, I acknowledge that my Credit Card will be debited for these costs.

Tenant's Name: _____

Credit Card Holder's Details

Name on card: _____

Card Number: _____

Expiry Date: _____

CVC: ___ ___ ___

Card Type:

Please select from the menu below who will be making the bond payment:

Please provide contact details:

Company Name (if applicable):	
Contact Name:	
Contact Number:	
Contact Address:	

Signature of Tenant: **X** _____ Date: _____

Credit Card Holder: **X** _____ Date: _____

RESIDENTIAL BOND INFORMATION – SHORT / LONG TERM AND APPRENTICES

Tenant's Details

(Surname)

(First Name)

Bond Details

Weekly Rent \$ _____ Bond Amount: \$640.00

Who will be making the bond payment:

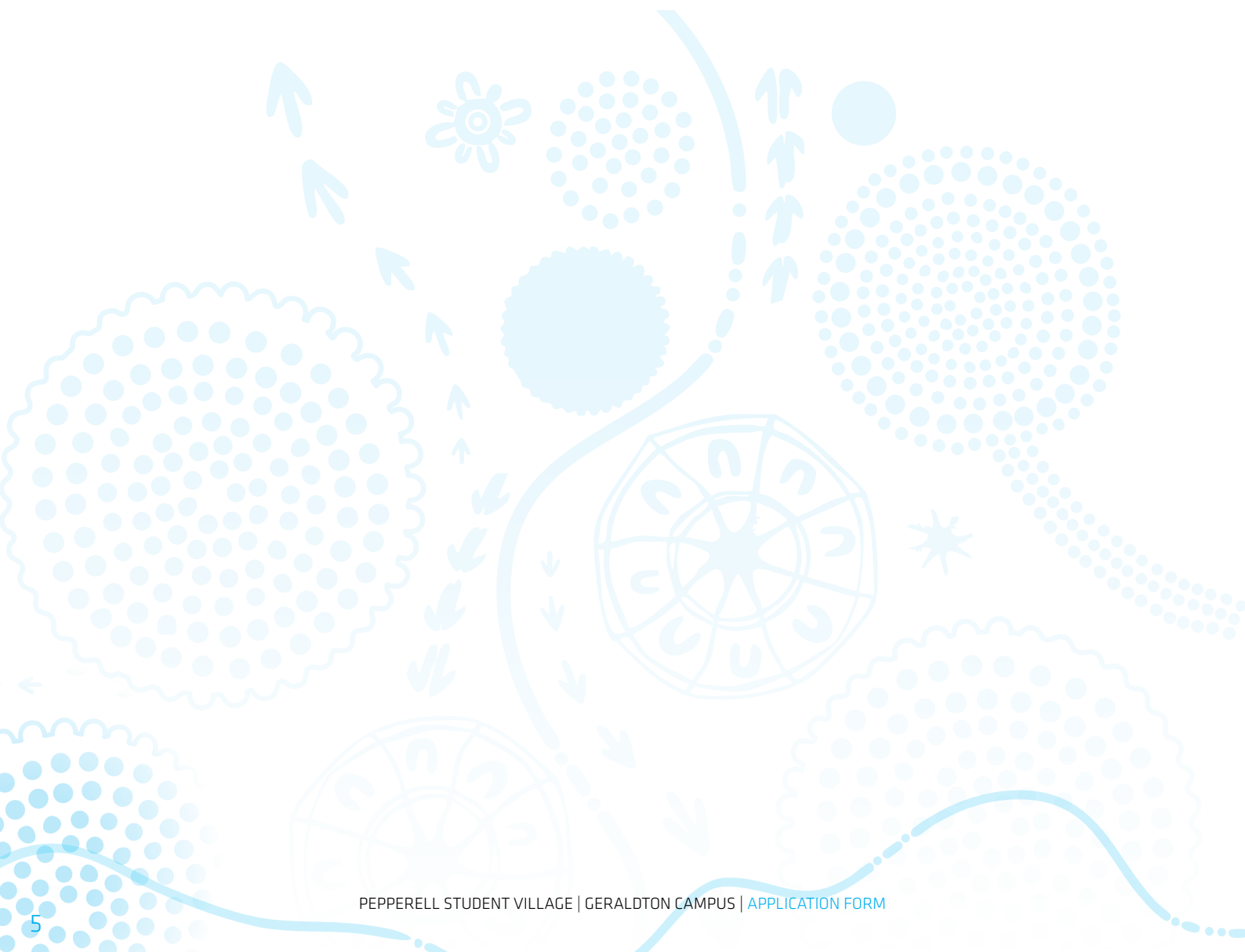
Contact Name: _____

Contact Number: _____

Contact Address: _____

Company Name: _____

Before you vacate the village, please advise bank details for bond refund.



STUDENT CONSENT AND ACTIVITIES PERMISSION

STUDENT CONSENT

I, (Student name) _____ acknowledge and give permission for Central Regional TAFE Student Services staff to obtain and share information relevant to my situation to my parent/guardian, lecturers or any support agencies noted on this application (refer page 3 – Emergency contact information) for the purpose of providing me with the appropriate assistance and support during my study at Central Regional TAFE.

Signature of Student: **X** _____ Date: _____

Signature of Parent/Guardian if applicable: **X** _____ Date: _____

ACTIVITIES PERMISSION (UNDER 18 ONLY)

Residents of Pepperell Student Village may be invited to participate in a variety of activities throughout their stay. These activities are considered standard, low risk activities which might occur regularly throughout the course of a residents stay.

Please answer the following questions:

Do you agree to the above named student participating in these activities:

Is the above named student a confident swimmer:

Any information that may affect the above named student's participation in these events is below:

I, (Student name) _____ wish to attend the above mentioned activities whilst attending Pepperell Village and agree to the following terms:

1. I will abide by the Central Regional TAFE Policy & Procedure for Alcohol and other Drugs – Students.
2. Unless previously arranged with the Residential supervisor, these activities are for Residential Tenants only
3. I am not permitted to leave the off campus activity unless prior permission is given by the Residential Supervisor.
4. I will abide by the Central Regional TAFE Student Code of Conduct.
5. I will comply with all reasonable instructions from the Residential Supervisor

I understand that all reasonable care and responsibility will be taken and that failure to abide by these rules may result in my attendance at the off-campus activity being immediately terminated and, if under 18 my parent/guardian advised of such action. I have completed a Health Care Information (at the time of enrolment) form and am satisfied that all details are correct and up to date.

Signature of Student: **X** _____ Date: _____

Signature of Parent/Guardian: **X** _____ Date: _____

ACCOMMODATION AGREEMENT

I confirm that I/we have read the Residential Student Handbook thoroughly and understand and agree to my obligations as a tenant of the Central Regional TAFE Student Residences.

I will comply with all of the terms and conditions and Code of Conduct outlined in Residential Student Handbook as well as any reasonable instruction or request given to me by a Central Regional TAFE staff member.

I understand that inappropriate behaviour and/or failure to strictly follow these terms and conditions may result in disciplinary action, immediate expulsion from accommodation and/or termination from Central Regional TAFE's Pepperell Village.

I understand that my behaviour should not cause offence or annoyance to other residents, nor should it discredit Central Regional TAFE's reputation.

I will ensure I have an adequate level of knowledge regarding emergency evacuation procedures and will review the additional information which has been left in the accommodation.

I understand that my authority to stay in the accommodation only remains until the final day of my booking. On this date I must vacate the accommodation prior to the departure time.

I accept full financial responsibility for any damage to the student accommodation and its contents if Central Regional TAFE deems I am responsible.

I accept full financial responsibility for extra cleaning charges should I leave the accommodation and my room in an unreasonable condition.

I agree to have my debts paid and cleared at time of check out.

I understand that at the completion of my course, if I have any outstanding accommodation and/or enrolled course debts with Central Regional TAFE the Bond will be applied to these fees.

I accept full financial responsibility for replacement costs of lost / misplaced unit keys and swipe card.

I agree to provide a current National Police Certificate.

I accept that I may be excluded from Pepperell Village, if I possess a serious criminal conviction.

This agreement was made on the _____ day of _____, 20____

Between Central Regional TAFE and _____ (name of resident)

Student (Resident) Signature: **X** _____ Date: _____

Guarantor Signature: **X** _____ Date: _____
(Required if resident is under 18)

Residential Supervisor Signature: **X** _____ Date: _____

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