



RESIDENCE APPLICATION FORM SYDNEY ADVENTIST HOSPITAL



APPLICANT DETAILS: (where applicable, please tick or circle)

SURNAME: _____ **Given Name/s:** _____
please print please print

Preferred Name as used by Family and Friends: _____
please print

Your Mobile Phone No: _____ Date of Birth: ___/___/___
(Minimum age requirements apply)

Male Female

Your email address: _____

Would you class yourself as: An Introvert An Extrovert

Are you a: Non-Smoker Smoker

Are you, or will you be employed by Sydney Adventist Hospital? Yes / No

If yes, list the department/s? _____

Are you a Bachelor of Nursing student with Avondale College? Yes / No

If yes, what year of study are you in? _____

If you are not an SAH employee or Avondale College Nursing student what is the source of your income? _____

Please Note: Applicants who are not employed by Sydney Adventist Hospital or Nursing students with Avondale College are required to purchase a Security ID Card for access into the Residence. Please refer to the Residence Schedule of Fees for the associated cost.

If you have a vehicle which will be parked on the SAH estate, please provide the following:

Vehicle Make (eg Holden) : _____ Vehicle Registration Number : _____

Vehicle Model (eg Commodore) : _____

EMERGENCY CONTACT: (where applicable, please circle)

Should an emergency arise, who would you like us to contact?

Name: (please print) _____

Your relationship to this person: (They are your.....?)

Parent / Child / Sibling / Friend / Other (Specify) _____

Their address: _____

City State Postcode

Country (if applicable): _____

Their Home &/or Mobile phone number: _____ / _____

HEALTH: (where applicable, please circle)

Do you have Ambulance cover? Yes / No

Do you have Private Health Insurance? Yes / No

Do you suffer from any of the following?

Asthma Yes / No Epilepsy Yes / No

Diabetes Yes / No Heart Condition Yes / No

Other: (please specify) _____

Do you require any assistance or special considerations from management for your health care management? Yes / No

If YES please specify:

ROOM OPTIONS: (where applicable, please circle)

If the option is available would you prefer a:

Sunny/warm room **OR** Shady/cool room

Do you have a preference on where you would like to be housed? Yes / No

If yes, please specify:

Rooms are allocated by the Residence Manager in relation to vacancies which exist at the time of application. Although this request will be considered, there is no guarantee that this request will determine your placement.

Do you have any health issues which require consideration for room placement? Please specify:

REFERENCE DETAILS: (where applicable, please tick)

You are required to provide one rental and one personal reference with this application. Where a rental reference is not obtainable please supply two personal references.

Reference #1: Name: _____
 This is a Rental reference
 This is a Personal reference Phone: _____

Reference #2: Name: _____
 This is a Rental reference
 This is a Personal reference Phone: _____

CHECK-IN DETAILS:

This application must be lodged two weeks prior to the intended date of check-in.

Where two weeks prior notice cannot be given, the check-in date must be in consultation with the Residence Manager. Check-in occurs: Sunday 5:30pm to 7:00pm & Monday to Friday 10:30am to 4:00pm. Check-in is not available Saturdays. Check-in will not occur without prior confirmation of acceptance of the application.

I would like to check-in to the Residence on ____ / ____ / ____

I understand that by making this application I have indicated that I will reside in the Residence for a minimum of 7 weeks. Should this not be the case I acknowledge that I will be retrospectively charged guest accommodation rates for the length of my stay.

Applicant Signature: _____ **Date:** ____ / ____ / ____

OFFICE USE:

Confirmation of Application Fee paid? Initial: _____

Referee's contacted? Initial: _____

Application Accepted? Yes / No Has confirmation been given? Yes / No

If no, provide details: _____

If no, refund processed? Initial: _____

If yes,

Occupancy agreement signed/Handbook given? Initial: _____

Room Inventory signed? Initial: _____

Room key issued? Initial: _____

Key Register adjusted? Initial: _____

Vehicle registered? Initial: _____

Security ID Card issued? Initial: _____