



Application requires two recent passport type photos. These photographs are not used in the selection process but if the application is successful may be displayed on a MRS photo board and websites, included in MRS databases and used for security management purposes. For further inquiries contact +61 3 5122 6236

**GIPPSLAND RESIDENTIAL
APPLICATION FORM 2009**

For Enquiries Contact Gippsland Residential:

Tel: + 61 3 5122 6236, Fax: + 61 3 5122 6859
Email: gippsland.mrs@adm.monash.edu.au

GIPPSLAND RESIDENTIAL (this application will be considered for accommodation at Gippsland Residential ONLY. Persons seeking accommodation at other campuses must use the appropriate campus Application Form)

In order for your application to be processed ALL questions must be answered. Please tick (✓) where appropriate.

- | | | |
|-----------------|--------------------------|---|
| Semesters 1 & 2 | <input type="checkbox"/> | 1 March 09 – 13 Nov 09 (incl. 3 week sem break) |
| Semester 1 only | <input type="checkbox"/> | 1 March 09 – 03 July 09 |
| Semester 2 only | <input type="checkbox"/> | 19 July 09 – 13 Nov 09 |

PERSONAL DETAILS

TITLE: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	MONASH STUDENT ID:.....
FAMILY NAME:.....	GIVEN NAMES:.....
OTHER NAME:.....	NICK NAME:..... <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH:.....	NATIONALITY:.....

COURSE DETAILS

COURSE NAME:.....	FACULTY:.....
COURSE YEAR LEVEL: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Hon <input type="checkbox"/> GDP <input type="checkbox"/> MAS <input type="checkbox"/> PHD <input type="checkbox"/> DIP <input type="checkbox"/> Other:.....	
COURSE STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> GRADUATING MID-YEAR	
COURSE TYPE <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> POSTGRADUATE (Please Specify)	
COURSE COMMENCEMENT DATE IN 2009:.....	COURSE CODE:.....

CONTACT DETAILS

CURRENT MAILING HOME ADDRESS:.....
STATE:.....POST CODE:.....COUNTRY:.....
 PHONE (BH) ()(AH) ()MOBILE ()
 FAX ()
 EMAIL:.....
Offers are issued by e-mail. Students must provide a current and reliable e-mail address. (Please print clearly)
 PERSON(S) TO BE CONTACTED IN CASE OF AN EMERGENCY
 In an emergency, I hereby grant Monash Residential Services or their nominee the authority to contact the following person(s) on my behalf:
 NAME.....ADDRESS.....
STATE:.....POST CODE:.....COUNTRY:.....PHONE ().....
 Relationship of the emergency contact person(s) to you eg. Mother,Father, guardian, aunt, uncle, etc.....
 Do you have any allergies or are you taking any medication that you would like us to be aware of:

 If as a result of a disability or chronic medical condition, you will require modifications to residential accommodation, please contact Monash Residential Services.
 WE RECOMMEND THAT RESIDENTS TAKE OUT MEMBERSHIP WITH AMBULANCE VICTORIA <http://www.ambulance.vic.gov.au/>

PLEASE TURN OVER

PARENT/GUARDIAN AUTHORISATION (FOR STUDENTS UNDER 18)

This Authority is required for all students who wish to gain access to the Monash Residential Services Computer Network and who are under 18 years of age at the date of moving into accommodation provided by Monash Residential Services.

I,..... (PLEASE PRINT) am a parent or legal guardian of and I understand and accept that most Internet services are available from either the computer labs (if provided) and/or from the private direct access computer connection points in residents bedrooms and that neither Monash University nor Monash Residential Services provide any form of censorship.

Signed.....Date.....

ACCOMMODATION PREFERENCE:

To assist you in numbering your preferences, please refer to our website @ www.mrs.monash.edu.au/oncampus/gippsland/

- SOUTH DOUBLE RESIDENCE SOUTH SINGLE RESIDENCE
- WEST RESIDENCE NORTH ENSUITE ROOMS NORTH ROOMS (non ensuite)

GENDER: Male Female Mixed No preference

Please indicate other preferences eg. (Room 3 or 6 in a West House).....

If possible, I would like to share with the following friends - Please list and print their names clearly. (While every effort will be made to meet your 1st preference, offers are issued on the rooms available at the time of processing your application)

ACCEPTANCE OF CONDITIONS

I understand that consideration of this application is conditional upon my continuing enrolment as a student of Monash University throughout 2009, unless the Head/Manager decides otherwise. I also accept the right of an authorised representative of Monash Residential Services to access my academic results whilst I remain in residence.

If successful, I understand and accept that Monash Residential Services has offered me accommodation on the condition that I remain a full-time student throughout the year and that if I discontinue my enrolment or change from full-time to part-time study or transfer to distance education, I may be required to vacate my room.

If accepted I agree to abide by the Conditions of Residency, the Accommodation Fee Regulations for the year 2009 and with other such regulations and rules as are specified on the MRS web page. I agree to pay all requisite fees and invoices at the time specified.

SIGNATURE..... DATE.....

THIS APPLICATION FORM MUST BE ACCOMPANIED BY:

- TWO RECENT PASSPORT PHOTOS which should be taped or clipped securely but not glued so as to prevent their removal. **PLEASE PRINT YOUR NAME ON THE BACK OF THE PHOTOS**
- AUD\$55.00 APPLICATION FEE (non-refundable)

Via the post: cheques, money orders, bank drafts in Australian dollars to be made payable to Monash University.
Via the Internet: Credit card payments only. Visit www.monash.edu.au/payments/ and select Monash Residential Services online store. Then select the category Gippsland Residential. Please print the receipt for your record.
Applications without the above will not be considered.

MAILING INFORMATION

This Application Form should be forwarded, together with a non-refundable Application Fee of AUD\$55.00 to:

GIPPSLAND RESIDENTIAL, MONASH RESIDENTIAL SERVICES:
NORTHWAYS ROAD CHURCHILL, VIC 3842, AUSTRALIA

For more information please visit our web site @ <http://www.mrs.monash.edu.au/>

Note: If you are unsuccessful in your application or if you withdraw your application, this form will be destroyed on 31 December 2009.

The information on this form is collected for the primary purpose of registering for accommodation. The secondary use is for the health and welfare of the resident, university administration purposes, correspondence and communication. If you choose not to complete all questions on this form it may not be possible for MRS to assist you with your request. Please refer to the MRS Privacy Collection Statement @ <http://www.mrs.monash.edu.au/>. Personal information may also be disclosed to Monash University and its controlled entities. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011.