

**BERWICK RESIDENTIAL
APPLICATION FORM FOR ADMISSION
NEW STUDENT RESIDENT IN 2008**

For Inquiries Contact Berwick Residential:
Tel: + 61 3 9904 7177, Fax: + 61 3 9904 7178
Email: berwick.mrs@adm.monash.edu.au

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 9904 7177

*BERWICK RESIDENTIAL (this application will be considered for accommodation at **Berwick 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.

This application can be considered for accommodation at other Monash University campuses
To indicate your preferences please place numbers in the box: Berwick Caulfield Clayton Gippsland Peninsula

PERSONAL DETAILS

TITLE: Dr Mr Mrs Ms MONASH STUDENT ID:.....
FAMILY NAME:..... GIVEN NAMES:.....
OTHER NAME:..... NICK NAME:..... MALE FEMALE
DATE OF BIRTH:..... NATIONALITY:.....

COURSE DETAILS

COURSE NAME:..... FACULTY:.....
COURSE YEAR LEVEL: 1st 2nd 3rd 4th Hon GDP MAS PHD DIP Other:.....
COURSE STATUS FULL TIME PART TIME GRADUATING MID-YEAR
COURSE TYPE UNDERGRADUATE POSTGRADUATE
(Please Specify)
COURSE COMMENCEMENT DATE IN 2008:.....

CONTACT DETAILS

PERMANENT 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. Parent, 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 SERVICE VICTORIA www.ambulance.vic.gov.au

PLEASE TURN OVER

PARENT/GUARDIAN AUTHORISATION

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/berwick/

HALL OF RESIDENCE

Single En-suite Rooms Preference: _____

Apartments (4 Bedrooms) Preference: _____

FLATS (5 Bedrooms) Preference: _____

Please use spaces provided next to each accommodation style to indicate your preference; i.e. 1st, 2nd, 3rd etc.
While every effort will be made to meet your 1st preference offers are issued based on the rooms available at the time of processing your application.

PLEASE COMPLETE THIS SECTION IF APPLYING FOR RESIDENCY IN FLATS OR APARTMENT ACCOMMODATION:

GENDER: Male Female Mixed No preference
AGE GROUP: Same Mixed No preference
STUDY LEVEL: Same Mixed No preference

If possible, I would like to share with the following friends - Please list and print their names clearly.

ACCEPTANCE OF CONDITIONS

I understand that consideration of this application is conditional upon my continuing enrolment as a student of Monash University throughout 2008, 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 2008 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 too firmly so as to prevent their removal. PLEASE PRINT YOUR NAME ON THE BACK OF THE PHOTOS
- AUD\$50.00 APPLICATION FEE (non-refundable)
Applications without the above will not be considered. Unsigned applications will not be accepted.

APPLICATIONS FOR ACCOMMODATION, FOR FIRST SEMESTER 2008 CLOSE ON 30TH NOVEMBER 2007 AND FOR SECOND SEMESTER 2008 CLOSE ON 15TH JUNE 2008.

MAILING INFORMATION

This Application Form should be forwarded, together with a non-refundable Application Fee of AUD\$50.00 to:

THE ADMISSIONS OFFICER, MONASH RESIDENTIAL SERVICES:
(BY MAIL) PO Box 1071, NARRE WARREN VIC 3805, AUSTRALIA
(BY COURIER) BERWICK RESIDENTIAL, BUILDING 955, MONASH UNIVERSITY, 100 CLYDE RD, BERWICK VIC 3806, AUSTRALIA

Cheques should be made payable to Monash University

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 2008.

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.