

**APPLICATION FORM FOR ADMISSION  
NEW STUDENT RESIDENT IN 2009**

**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

This application can be considered for accommodation at other Monash University campuses. Only one application needs to be lodged in a year.  
To indicate your preferences please place numbers in the box:  Berwick  Caulfield  Clayton  Gippsland  Peninsula

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

**PERSONAL DETAILS**

Have you ever lived at Berwick Residential?  Yes  No If YES, which year .....

TITLE:  Dr  Mr  Mrs  Ms MONASH STUDENT ID (if applicable) .....

FAMILY NAME:..... GIVEN NAMES:.....

OTHER NAME:..... NICK NAME:.....  MALE  FEMALE

DATE OF BIRTH:..... NATIONALITY.....

**COURSE DETAILS**

COURSE NAME: ..... FACULTY: .....

COURSE YEAR LEVEL:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Hon  GDP  MAS  PHD  DIP  Other: .....

COURSE STATUS  FULL TIME  PART TIME  GRADUATING MID-YEAR

COURSE TYPE  ELICOS  DIPLOMA  UNDERGRADUATE  POSTGRADUATE  
(Please Specify)

COURSE COMMENCEMENT DATE IN 2009..... VTAC # ..... (Australia Only)

**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](http://www.ambulance.vic.gov.au)

**PLEASE TURN OVER**

## PARENT/GUARDIAN AUTHORISATION (for applicants under 18 years at the start of the Agreement Period):

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) is 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/](http://www.mrs.monash.edu.au/oncampus/berwick/)

HALL OF RESIDENCE

Single En-suite Rooms Preference: \_\_\_\_\_

Apartments (4 Bedrooms) Preference: \_\_\_\_\_

**(Please note Flats Rooms are available to higher years students only)**

Flats (5 Bedrooms) Preference: \_\_\_\_\_

Please use spaces provided next to each accommodation style to indicate your preference; i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc.

While every effort will be made to meet your 1<sup>st</sup> 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 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.....  
(Unsigned applications will not be accepted)

## CONTACT AND MAILING INFORMATION

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

THE ADMISSIONS OFFICER,  
BERWICK RESIDENTIAL

**(BY MAIL)** PO Box 1071, NARRE WARREN VIC 3805, AUSTRALIA

**(BY COURIER)** BUILDING 955, MONASH UNIVERSITY, 100 CLYDE RD, BERWICK VIC 3806, AUSTRALIA

Telephone: +61 3 9904 7177

Fax: +61 3 9904 7178

Email: [berwick.mrs@adm.monash.edu.au](mailto:berwick.mrs@adm.monash.edu.au)

## THIS APPLICATION FORM MUST BE ACCOMPANIED BY:

TWO RECENT PASSPORT PHOTOS. PLEASE PRINT YOUR NAME ON THE BACK OF THE PHOTOS

AUD \$55.00 (non-refundable) APPLICATION FEE.

**Via the post:** cheques, money orders, bank drafts in Australian dollars to be made payable to Monash University

**Via cash:** Payment in cash is accepted only at the Residential Office, Berwick Residential, Building 955, Monash University Berwick, Vic 3806

**Via the internet:** Credit card payments only. Visit [www.monash.edu.au/payments/](http://www.monash.edu.au/payments/) and select Monash Residential Services online store. Then select the category Berwick Residential. Please print the receipt for your record.

**(Applications without the above will not be considered)**

APPLICATIONS FOR ACCOMMODATION, FOR FIRST SEMESTER 2009 CLOSE ON 30<sup>TH</sup> NOVEMBER 2008 AND FOR SECOND SEMESTER 2009 CLOSE ON 15<sup>TH</sup> JUNE 2009. APPLICATIONS CONTINUE TO BE ACCEPTED AFTER THESE DATES.

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