Alanvale Campus

Student Residence Application for Admission 2012

I wish to make application for my son/daughter/ward/self to be admitted as a guest at the Student Residence at Alanvale

I/we have read the guidelines, licence agreement and general information documents and accept the conditions as set out.

Signature of student/guest	Da	ite
If under the	e age of 18 your parent/guardian must sign below	
Signature of parent/guardian	Da	
Applicant details		
Full name	Date of Birth	Age
Postal address		
Telephone	Mobile	
Email address		
Course		
f undertaking an Australian Apprenticesh Course of study	nip please complete the following	Year
Employer		
A		
Telephone	Mobile	
f parking your vehicle at the residence d		ollowing
1ake/Model	Colour	Reg. Number
lext of kin details		
Name	Relatio	onship to self
Address		
Telephone		
Medical details		tal and an and an address of
Please indicate if you have an injury, disability upport ie diabetes	or medical condition that requires spec	ial equipment or additional