

HELLYER STUDENT RESIDENCE

**PO BOX U48
UPPER BURNIE
TAS 7320
PHONE: (03) 64334852
FAX: (03) 64334827
EMAIL: gary.wolf@bigpond.com**

I wish to make application for my son/daughter/ward/self (please circle one) to be admitted as a guest at the Hellyer Student Residence. I/we have read the student guidelines/ code of conduct & student agreement and accept the conditions as set out therein.

SIGNATURE OF STUDENT/GUEST: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

APPLICANT DETAILS

NAME: _____ **Date of birth:** _____ **Age:** _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NO: _____ **Mobile:** _____

EMAIL ADDRESS: _____

COURSE: _____

EMPLOYERS ADDRESS IF APPLICABLE _____

BUS FOR DEVONPORT: YES/NO _____ **FOOD /NO FOOD** _____

If parking your vehicle at the Residence during your stay please complete the following.
Also if there is not any car parks you will be asked to park in the tafe car park.

MAKE/MODEL: _____ **COLOUR:** _____ **REG.NUMBER:** _____

MEDICAL DETAILS:

Please indicate if you have an injury, disability or medical condition that requires special equipment or additional support.

NEXT OF KIN DETAILS:

NAME: _____ **RELATIONSHIP TO SELF:** _____

ADDRESS: _____

TELEPHONE: _____ **MOBILE:** _____