Student Residence South PO Box 688, Rosny Park Hobart Tasmania 7018

| Number |
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Student Residence Application for Admission

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

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

Office hours and booking in time for the Residence is Sunday to Thursday from 3.30pm – I I.30pm only.

| Signature of student/guest | | Date | | |
|---|---|--|--|--|
| lf under | r the age of 18 your parent/guardian must sign bel | low | | |
| Signature of parent/guardian | | Date | | |
| pplicant details | | | | |
| Full name | Date of Birth | Age | | |
| Homo addross | | | | |
| Postal address | | | | |
| Telephone | Mobile | | | |
| Email address | | | | |
| | | | | |
| | eship please complete the following | | | |
| | | | | |
| Course of study | | Year | | |
| Fmployer | | | | |
| Employer | | | | |
| Employer Address | | | | |
| Employer Address Telephone | Mohile | | | |
| Employer Address Telephone | Mobile e during your stay please complete th | ne following | | |
| Employer Address Telephone parking your vehicle at the residence | Mobile e during your stay please complete th | ne following | | |
| Employer Address Telephone parking your vehicle at the residence ake/Model lext of kin details | Mobile e during your stay please complete the Colour | ne following | | |
| Employer Address Telephone parking your vehicle at the residence ake/Model lext of kin details Name | Mobile e during your stay please complete the Colour Re | ne following Reg. Number | | |
| Employer Address Telephone parking your vehicle at the residence ake/Model lext of kin details | Mobile e during your stay please complete the Colour Re | ne following Reg. Number elationship to self | | |
| Employer Address Telephone parking your vehicle at the residence ake/Model lext of kin details Name Address Telephone | Mobile e during your stay please complete the Colour Re | ne following Reg. Number elationship to self | | |
| Employer Address Telephone parking your vehicle at the residence ake/Model lext of kin details Name Address Telephone ledical details | Mobile e during your stay please complete the Colour Re | ne following Reg. Number elationship to self | | |