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| You must complete and return this form by fax or email to Gordon International Office **at least fourteen (14) days** before your arrival. Please note: this is **not an offer of accommodation**; you will be contacted by the Residence Officer if your application for accommodation is successful. |

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| **APPLICANT DETAILS** | | | |
| **Full Name** |  | | |
| **English Name *(if applicable)*** |  | | |
| **Date of Birth** | Click here to enter a date. | **Gender** | Female  Male |
| **Nationality** |  | | |
| **Student Email Address** |  | | |

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| **AGENT DETAILS *(if applicable)*** | | |
| **Business Name** |  |
| **Contact Name** |  |
| **Email Address** |  |
| **Telephone** |  |

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| **MEDICAL DETAILS** | | | |
| ***This information will ONLY be used for support of the resident and will be maintained as a confidential record.*** | | | |
| **1. Do you have any medical history?** | | |
| **Yes**  **No** | If **YES**, please specify |  |
| **2. Do you have an existing illness?** | | | |
| **Yes**  **No** | If **YES**, please specify |  |
| **3. Are you taking any medication?** | | |
| **Yes**  **No** | If **YES**, please specify |  |
| **4. Do you have any allergies?** | | |
| **Yes**  **No** | If **YES**, please specify |  |

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| **COURSE DETAILS** | | | | |
| **Course Name(s)** |  | | |
| **Course Start Date** | Click here to enter a date. | **Course End Date** | Click here to enter a date. |

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| **STUDENT QUALITIES** | | |
| ***What three qualities would your close friends or family used to best describe you? (eg. responsible, fun, friendly)*** | | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **EMERGENCY CONTACT DETAILS** | | | |
| ***Please provide the name and contact details of the person we should contact in case of an emergency:*** | | | |
| **Full Name** |  | **Relationship** |  |
| **Telephone** |  | **Fax** |  |
| **Email** |  | | |

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| **APPLICANT STATEMENT** |
| I (full name)  hereby apply for admission to on-campus accommodation at the Gordon Student Residence for the year .  If accepted as a resident, I agree to abide by the regulations of the Student Residence and the disciplinary authority of the Residence governing bodies.  If accepted, I agree to pay the requisite fees at the times specified, including a bond; two weeks rent in advance and other associated residential charges. If I fail to make this payment by the due date, I understand my room will be reallocated to another student and I will forfeit my place.  If accepted, I will provide a passport size photo to the Residence Manager – this is for security purposes only.  I certify that the information in this Application Form is complete and accurate. |

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| ***PLEASE NOTE THE FOLLOWING INFORMATION*** |
| * You must send this form back at least fourteen (14) days before your arrival at Melbourne Airport to ensure Student Residence arrangement service. **A late fee of $250 applies.** * This form will be forwarded to the Gordon Student Residence Manager and you or your agent will be notified of availability as soon as possible. * If you are arranging your own transport to the Gordon Student Residence, please send your completed Arrival Notification form to the International Office at least seven (7) days before your arrival at the residence. |

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| **SIGNATURE** | | | |
|  | **Print Name** | **Signature** | **Date** |
| **Student** |  |  |  |