# Application for Admission to Student Residence Form

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| **APPLICANT DETAILS** |
| Full name |       |
| Date of Birth |       | Gender | [ ]  Female [ ]  Male [ ]  Self-described |
| VTAC No |       | Nationality |       |
| Are you currently in Student Residence and reapplying? | [ ]  Yes [ ]  No |
| Are you a full-fee paying International student? | [ ]  Yes [ ]  No |
| Postal address |       |
| Telephone |       | Mobile Phone |       |
| Agenda email |       | Student email |       |
| Do you have any cultural or religious requirements relating to your accommodation? | [ ]  Yes [ ]  No |
| School or other educational institute last attended |       |

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| **NEXT OF KIN DETAILS** |
| Parents or next of kin names |       |
| Postal address |       |
| Telephone |       | Mobile Phone |       |

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| **MEDICAL DETAILS** This information will ONLY be used for support of the residence and will be maintained as a confidential record |
| Medical history |       |
| Existing illness |       |
| Medication |       |
| Allergies |       |
| Ambulance membership No |       |
| Medical membership No |       |
| Family doctor’s name |       | Telephone No |       |

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| **ACCOMMODATION REQUEST**  |
| Year |       | Student ID No |       |
| Intended / actual course of study at The Gordon |       |
| Enrolment status | [ ]  Full time [ ]  Part time |
| Start date of course |       | Length of course (one term / 6 months / year) |       |

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| **SUPPORTING STATEMENTS** |
| **Why do you want to live in Residence?** Please provide any supporting evidence as to why you should be selected for a residential place, you may attach supporting documents / relevant references |
|       |
| **Have you ever been given an opportunity to act in a leadership role?** Eg school related / sporting team / community soups) |
|       |
| **What three (3) qualities would your close friends or family use to best describe you?** |
| 1.       |
| 2.       |
| 3.       |
| **Please provide the names and contact phone numbers of two (2) referees to assist us in the selection process if required.** Referees phone number may need to be contactable between December – January |
| 1. |  | Telephone No |       |
| Relationship to applicant |       |
| 2. |  | Telephone No |       |
| Relationship to applicant |       |
| **Have you attended a current Police Check or Working With Children’s Check?** |
| [ ]  Yes | [ ]  No (your application may not be accepted by The Gordon Student Residence |

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| **APPLICANT AGREEMENT (over 18 years)** |
| 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 a two month Probation period,
* To abide by the regulations of the Student Residences and the disciplinary authority of the Residences governing bodies,
* To pay the requisite fees at the times specified, including a bond; four weeks rent and other associated residential charges prior to my arrival. 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 placement,
* That the information in this *Application Form* is complete and accurate.
 |
| Applicant |       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name | Signature | Date      |

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| **APPLICANT AGREEMENT (under 18 years)** |
| 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 a two month Probation period,
* To abide by the regulations of the Student Residences and the disciplinary authority of the Residences governing bodies,
* To adhere to a zero alcohol and drugs policy (including at any on-site events, in my room or any part of the residence grounds),
* To not being allowed any overnight guests unless prior approval is given by my parent/guardian and I have the approval of the Residence Manager,
* To pay the requisite fees at the times specified, including a bond; four weeks rent and other associated residential charges prior to my arrival. 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 placement,
* That the information in this *Application Form* is complete and accurate
* For my parent or guardian to be contacted for any instance of ill health, breach of agreement, disciplinary action or any other concerns whilst I am under 18 years of age.
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| Applicant |       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name | Signature | Date      |

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| **PARENT/ GUARDIAN ACKNOWLEDGEMENT** |
| The Gordon Student Residence is predominately over 18 years. All residents are provided a private bedroom that is not accessible to Gordon staff, except in the event of a known or suspected emergency. All residents are free to come and go from the residential facility at any time of day or night and will assume responsibility for their own conduct and wellbeing. Both male and female students reside at Gordon Residence and alcohol consumption is permitted for residents over the age of 18 years. Residents under the age of 18 are not permitted to have overnight guests unless prior approval is given by the parent/guardian and the Residence Manager.Given the limited supervision of resident activity, no person under 18 years of age may take up residence without the permission of their parent or guardian, and without endorsement by their parent or guardian that they believe their child has sufficient maturity to take responsibility for their own conduct and welfare unsupervised.I,  (parent/guardian name) have read and acknowledge the above description of The Gordon Student Residence and I agree for my child  (student name) to be accommodated at The Gordon Residence under these arrangements. I believe my child has sufficient maturity to take responsibility for their own day to day conduct and welfare, unsupervised. I agree to be contacted in any instance of ill health, breach of agreement, disciplinary action or other concern regarding this child whilst they are under 18 years of age. |
| Parent / Guardian |       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name | Signature | Date      |
| Email |       | Telephone No |       |
| **STUDENT RESIDENCE CAR PARKING PERMIT APPLICATION AND AGREEMENT** |
| * There will be no charge for students who are residents to park at 185 St Albans Rd - East Geelong Campus. Resident parking is in the first three rows closest to North Wing.
* The vehicle being issued with the permit must be either registered in the name of the resident or a family member. Permits cannot be transferred to any other vehicle.
* Residents vacating their room prior to 30 November must return their car parking permit to the Residence Manager.
* One permit only will be issued per student and this permit must be clearly displayed through the windscreen at all times.
* Parking your vehicle on residence is at your own risk, and any damage or theft is not the responsibility of the Gordon. Valuables (including items such as CD’s, portable stereos, sporting equipment etc.) should not be left in full view within your vehicle.

I (full name)  have read the above conditions of issuing of a Car Parking Permit for the above Campus. I accept and agree to abide by these conditions. |
| Applicant |       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name | Signature | Date      |
| Car Registration No |       | Vehicle Make |       |
| Vehicle color |       |
| NOTE: All of the above details must be fully completed before a car parking permit will be issued |

Please complete and return to:

### THE GORDON - RESIDENCE MANAGER

185 ST ALBANS ROAD

EAST GEELONG VIC 3219

If accepted, you will be required to provide a passport size photo to the Residence Manager for security purposes.