

APPLICATION FOR ACCOMMODATION

11-Apr-2024

APPLICANT MUST BE A CURRENT STUDENT AND AGED 18+ YEARS

- 1. Answer ALL questions, sign and date this form. Please note that some details provided may be checked for accuracy.
- 2. Email the completed application form to: contact@weeronasa.com.au
- 3. Your application form will be reviewed and you will be sent a contract within 72 hours.
- 4. DO NOT PAY ANY FEES PRIOR TO RECEIVING A CONTRACT. PAYMENT DETAILS ARE ON THE CONTRACT.

PLEASE COMPLETE ALL QUESTIONS IN ORDER FOR YOUR APPLICATION TO BE PROCESSED							
Family Name/Surname							
First name/Given Name							
Date of Birth							
Place of Birth			Citizensh	ip			
Student ID							
University/TAFE							
Method of Studying (Online, Face to Face, Placement)							
What are you Studying?							
Gender (please tick)	Female	Ma	le	Non-Binary	Prefer not to disclose		
Current Mailing Address							
Current Email Address							
Australian Phone Number (international students put TBA until you receive one)							
DURATION OF ACCOMMODATION - MINIMUM 3 MONTH STAY							
CHECK IN DATE			СН	CHECK OUT DATE			
ARIVAL TIME AT WEERONA							

PLEASE NOTE: ARRIVALS/DEPARTURES CAN ONLY OCCUR WITHIN OFFICE HOURS MONDAY-FRIDAY

Weerona Student Accomodation office hours are:

Monday-Thursday: 9.30am-4.00pm

Friday: 9.30am-2.30pm Saturday-Sunday: Closed



ROOM PREFERENCE (PLEASE TICK)							
Single Room							
Twin Share Room	Sharing with (name of preferred roommate)						
	*Please note that your preferred roommate must also submit an application.						
YOUR HEALTH							
shared with appropriate profe	ion is treated as strictly confidential other than in a medical emergency, when it may be essionals IF it is relevant to your wellbeing. This will not affect the outcome of your application brona Student Accommodation.						
medical, mental health or bel	ety and the safety of our on-site team, we ask that you declare whether you have any navioural conditions prior to allocating you to a room. This includes the need for you to take ealth condition, as this may greatly help emergency or health services staff should you need						
Do you have a medical condition or disability? (i.e. asthma, epilepsy, diabetes etc) YES / NO							
If "yes", please explain your co	ondition:						
Are you currently, or have you depression, bi-polar disorder,	been treated for any mental health or behavioural issues? (i.e. an eating disorder, autism) YES / NO /						
If "yes", please explain your co	ondition:						
Are you currently required by	your treating health professional(s) to take any ongoing medication(s)? YES /NO						
If "yes", please list them here (including dosage & frequency):							
Do you have any allergies? (i.e	e. bees, food, cats, dogs, medications such as penicillin) YES /NO						
If "yes", please list them here:							



In Person Other – Please comment:						
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	I understand and agree to abide by the rules set down in the Accommodation Agreement and Student Resident Guide for Weerona Student Accommodation, and further understand that a failure to do so may result in my agreement with Weerona Student Accommodation being terminated and that any pre-paid fees will be forfeited.							
	I will wait for the contract before making a pre-payment (non-refundable).							
Signat	ure:	Date:						
	N - 13							

What Next?

- Please read the terms and conditions of the application carefully and be sure that you understand
- Complete the Application Form and return it via email to: contact@weeronasa.com.au with the email title "Application".
- You will receive a contract within 72 hours, PLEASE DO NOT PAY ANY FEES UNTIL YOU RECEIVE A CONTRACT.
- · Prepayments are non-refundable. We do not refund for any reason including change of mind. You must be sure about your stay at Weerona Student Accommodation BEFORE making a payment.