

**STUDENT ACCOMMODATION BOOKING REQUEST**

Please forward your completed form to: [Student.Accommodation@wh.org.au](mailto:Student.Accommodation@wh.org.au)

**Applicant Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

University \_\_\_\_\_

**Booking Details**

**Dates Accommodation Required**      *From* \_\_\_\_\_      *To* \_\_\_\_\_

**How many days accommodation is required** \_\_\_\_\_  Weekdays only       Weekends only

**Cost of Accommodation**      \$15 per night, capped at \$90 per week      \$ \_\_\_\_\_

**Linen**      Guests are required to supply all bedding and linen (including doonas/blankets and pillows).

**Lost Keys**      Please note that a fee of \$200 will be charged for any keys that are lost or not returned to Western Health. This fee will be charged to cover the labour and material to replace the lock and the cutting of new key(s).

**Damage**      Any item of the property that becomes damaged or broken either by way of accident or intention will be repaired and the costs to repair or replace the goods will be charged back to the person/s responsible. If you damage anyone's property, you will be responsible for the costs.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (print name) confirm that I have read the student accommodation handbook and agree to abide by the terms and conditions outlined therein and above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

**Key Returned**    Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT ACCOMMODATION BOOKING REQUEST**

**Payment**

**CREDIT CARD PAYMENT** Only VISA & MASTERCARD will be accepted

**Attention** *Western Health Bacchus Marsh Hospital*

*I authorise payment for the amount of*     AU\$    

*Being payment for* \_\_\_\_\_

Visa     MasterCard

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

CCV number\* \_\_\_\_\_

Print Name \_\_\_\_\_

Authorised Signature \_\_\_\_\_

Date \_\_\_\_\_

\* The CCV number is a 3 digit number that may be printed in the signature panel on the back of MasterCard & Visa cards immediately following the 16 digit cardholder number.

***(For added security, this part of the form is removed & destroyed upon completion of processing)***