



Application requires two recent passport type photos. These photographs are not used in the selection process but if the application is successful may be displayed on a MRS photo board and websites, included in MRS databases and used for security management purposes. Please staple photos above this box. For further inquiries contact +61 3 9905 6200.

**APPLICATION FORM FOR ADMISSION  
NEW STUDENT RESIDENT IN 2009**

**CLAYTON RESIDENTIAL** (This application can be considered for accommodation at other Monash University campuses. Only one application needs to be lodged in a year).

To indicate your preference please place numbers in the box  Clayton  Berwick  Caulfield  Gippsland  Peninsula

**HALLS OF RESIDENCE** (Single room only) 1<sup>st</sup> Hall Preference ..... 2<sup>nd</sup> Hall Preference .....

**NORMANBY HOUSE** (Single room only)

**SOUTH EAST FLATS**  2 Bedrooms  3 Bedrooms  4 Bedrooms  5 Bedrooms

Whilst every attempt will be made to place applicants as per their preference, this may not always be possible.

*In order for your application to be processed ALL questions must be answered. Please tick (✓) where appropriate.*

**PERSONAL DETAILS**

Have you ever lived at Clayton Residential?  YES  NO If YES, which year .....

TITLE:  Dr  Mr  Mrs  Ms MONASH STUDENT ID (If applicable).....

FAMILY NAME ..... GIVEN NAME .....

OTHER NAME ..... NICK NAME .....  MALE  FEMALE

DATE OF BIRTH ..... NATIONALITY .....

EMAIL .....

(Please PRINT clearly) Offers are issued by e-mail. Students must provide a current and reliable e-mail address.

**COURSE DETAILS FOR 2009**

COURSE NAME ..... FACULTY .....

COURSE YEAR LEVEL  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  HON  GDP  MAS  PHD  OTHER.....

COURSE STATUS  FULL TIME  PART TIME  GRADUATING MID-YEAR

COURSE TYPE  ELICOS  DIPLOMA  UNDERGRADUATE  POSTGRADUATE

COURSE COMMENCEMENT DATE IN 2009 ..... VTAC #..... (Australia only)

**CONTACT DETAILS**

PERMANENT HOME ADDRESS.....

STATE.....POST CODE.....COUNTRY.....

PHONE (Business hours) (+ ) ( ) .....(After hours) (+ ) ( ) .....

MOBILE (+ ) ( ) ..... FAX (+ ) ( ) .....

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY\* In an emergency, I hereby grant Monash Residential Services or their nominee the authority to contact the following person on my behalf:

NAME ..... MOBILE (+ ) ( ) .....

ADDRESS.....

.....STATE.....POST CODE .....COUNTRY .....

\*Relationship of the emergency contact person to you: parent, guardian, aunt, uncle, etc .....

Please list any allergies OR medication that you would like us to be aware of:

If as a result of a disability or chronic medical condition, you will require modifications to residential accommodation, please contact Monash Residential Services.

WE RECOMMEND THAT RESIDENTS TAKE OUT MEMBERSHIP WITH AMBULANCE VICTORIA <http://www.ambulance.vic.gov.au/>

**PARENT/GUARDIAN AUTHORISATION (for applicants under 18 years at start of Agreement Period):**

This Authority is required for all students who wish to gain access to the Monash Residential Services Computer Network and who are under 18 years of age at the date of moving into accommodation provided by Monash Residential Services.

I, .....(PLEASE PRINT) am a parent or legal guardian of ..... and I understand and accept that most Internet services are available from either the computer labs (if provided) and/or from the private direct access computer connection points in residents bedrooms and that neither Monash University nor Monash Residential Services provide any form of censorship.

Signed.....Date.....

**ACCOMMODATION PREFERENCE – Information required for South East Flats only**

The following preferences are for the South East Flats only and NOT applicable for Halls of Residence and Normanby House:

GENDER:            Male        Female        Mixed        No preference

AGE GROUP:            Same        Mixed        No preference

STUDY LEVEL:            Same        Mixed        No preference

Please note that whilst every attempt will be made to place applicants as per their preference, this may not always be possible.

If possible, I would like to share with the following friends - Please list and print their names clearly.


**ACCEPTANCE OF CONDITIONS**

I understand that consideration of this application is conditional upon my continuing enrolment as a student of Monash University throughout 2009, unless the Head/Manager decides otherwise. I also accept the right of an authorised representative of Monash Residential Services to access my academic results whilst I remain in residence.

If successful, I understand and accept that Monash Residential Services has offered me accommodation on the condition that I remain a full-time student throughout the year and that if I discontinue my enrolment or change from full-time to part-time study or transfer to distance education, I may be required to vacate my room.

If accepted I agree to abide by the Conditions of Residency, the Accommodation Fee Regulations for the year 2009 and with other such regulations and rules as are specified on the MRS web page. I agree to pay all requisite fees and invoices at the time specified.

SIGNATURE..... DATE.....

(Unsigned applications will not be accepted)

**CONTACT AND MAILING INFORMATION**

This Application Form should be forwarded, together with a non-refundable Application Fee of \$55.00 to:

THE ADMISSIONS OFFICER  
CLAYTON RESIDENTIAL, BUILDING 47,  
MONASH UNIVERSITY, CLAYTON, VIC 3800, AUSTRALIA

Telephone + 61 3 9905 6200

Fax: + 61 3 9905 6430

Email: admissions.mrs@adm.monash.edu.au

**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION FORM:**

TWO RECENT PASSPORT PHOTOS. PLEASE PRINT YOUR NAME ON THE BACK OF THE PHOTOS

AUD\$55.00 (non-refundable) APPLICATION FEE.

**Via the post:** cheques, money orders, bank drafts in Australian dollars to be made payable to Monash University.

**Via cash:** Payment in cash is accepted only at the Operations Office, Clayton Residential, Building 47, Monash University, Vic 3800.

**Via the Internet:** Credit card payments only. Visit [www.monash.edu.au/payments/](http://www.monash.edu.au/payments/) and select Monash Residential Services online store. Then select the category Clayton Residential. Please print the receipt for your record.

Applications without the above will not be considered.

APPLICATIONS FOR ACCOMMODATION, FOR FIRST SEMESTER 2009 CLOSE ON 30<sup>TH</sup> NOVEMBER 2008 AND FOR SECOND SEMESTER 2009 CLOSE ON 15<sup>TH</sup> JUNE 2009. APPLICATIONS CONTINUE TO BE ACCEPTED AFTER THESE DATES.

*For more information please visit our web site @ <http://www.mrs.monash.edu.au/>*

**Note:** If you are unsuccessful in your application or if you withdraw your application, this form will be destroyed on 31 December 2009.

The information on this form is collected for the primary purpose of registering for accommodation. The secondary use is for the health and welfare of the resident, university administration purposes, correspondence and communication. If you choose not to complete all questions on this form it may not be possible for MRS to assist you with your request. Please refer to the MRS Privacy Collection Statement @ <http://www.mrs.monash.edu.au/> Personal information may also be disclosed to Monash University and its controlled entities. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on +61 3 9905 6011.