



# SHORT-TERM ACCOMMODATION PERSONAL DETAILS FORM

PLEASE PRINT CLEARLY AND USE BLACK PEN

## Resident's Details

(Family Name)									
(First Name) <span style="float: right;">(Middle Name)</span>									
Male / Female									
Date of Birth	Day / Month / Year								
James Cook University Student Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Nationality									
Religion									
Degree / Course	Degree / Course								
Vehicle	Type, Make, Model/Year & Colour <span style="float: right;">Registration Number</span>								

## Contact Details

Permanent Home Address	<p>.....</p> <p>.....</p> <p>.....</p> <p>Number, Street, Suburb, City, State, Postcode and Country.</p>	
Postal address (if same as home address - write 'as above')	<p>.....</p> <p>.....</p> <p>.....</p>	
Telephone Numbers (inc. area code)	Resident's Home	Resident's Mobile
Email Address		
Accommodation Required from _____ to _____ <span style="display: block; text-align: center; font-size: small;">Day and Date <span style="margin-left: 200px;">Day and Date</span></span>		

*Please turn over*

**Health:** List any medical problems, allergies or recurrent disability of which the staff should be aware.

.....  
 .....

**Dietary Requirements:** List any dietary requirements or allergies of which the staff should be aware.

.....  
 .....

**Next of Kin**

1 <sup>st</sup> Contact						
Name				Relationship to Resident:		
Permanent Home Address	..... ..... Number & Street, Suburb, City, State, Postcode and Country.					
Postal address (if same write 'as above')	..... .....					
Telephone Numbers (inc. area code)	Home		Work		Mobile	
	Fax		Email			
2 <sup>nd</sup> Contact						
Name				Relationship to Resident:		
Permanent Home Address	..... ..... Number & Street, Suburb, City, State, Postcode and Country.					
Postal address (if same write 'as above')	..... .....					
Telephone Numbers (inc. area code)	Home		Work		Mobile	
	Fax		Email			

<b>Account Payment Details</b>	Name	.....	Telephone No:	.....
	Email Address	.....		

**MEDICAL DECLARATION**

In the event that..... shall, at any time while he/she is resident at Saints Catholic College, need medical, nursing, or any other treatment or services (including blood transfusion) for illness or bodily injury before it is reasonably possible to obtain consent to the provision of such treatment or services, I hereby authorise the officers of Saints Catholic College to engage such persons as may reasonably be needed in that behalf to provide such treatment or services. I understand that if Saints Catholic College makes payment in consequence of such engagement, or otherwise incurs expenses connected with the provision of such treatment or services, it will be my responsibility to repay Saints Catholic College the amount of such payments or expenses.

Name:..... Signature: .....  
 Relationship to resident:..... Date:.....