

NFIH / CDU Associates Application for Residence 2009

## 2009 APPLICATION FOR RESIDENCE

Personal Information on this page will not be used to evaluate your suitability for accommodation

### PERSONAL INFORMATION

Family Name: \_\_\_\_\_ Other Name/s: \_\_\_\_\_

By what name do you wish to be called? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DATE / MONTH / YEAR Age last birthday: \_\_\_\_\_

Gender (circle): \_\_\_\_\_ FEMALE MALE Residents must be at least 18 years of age or complete a Parent Guardian Consent Form

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ASSOCIATION DETAILS

What is your reason for requiring accommodation at CDU? \_\_\_\_\_  
\_\_\_\_\_

### UNIVERSITY POINT OF CONTACT

Name: \_\_\_\_\_ Faculty/Division: \_\_\_\_\_

School/Branch: \_\_\_\_\_ Extension Number: \_\_\_\_\_

#### **CDU Associates Rate (Daily Rate)**

- |   |                |
|---|----------------|
| <input type="checkbox"/> <b>Standard</b> ( <i>Single Occupancy only</i> )                     | <b>\$60.00</b> |
| <input type="checkbox"/> <b>Standard with Shared Ensuite</b> ( <i>Single Occupancy only</i> ) | <b>\$70.00</b> |
| <input type="checkbox"/> <b>Large Standard</b> ( <i>Maximum Double Occupancy</i> )            | <b>\$80.00</b> |
| <input type="checkbox"/> <b>Large Ensuite</b> ( <i>Maximum Double Occupancy</i> )             | <b>\$90.00</b> |

#### CONDITIONS

- Subject to application approval and availability
- Restrictions may apply during Academic Semester periods
- Full Payment due on application to confirm reservation

**A minimum of 48 hours notice is required to change the agreed date of departure**

<b>Dates Required</b>	From <b>1pm</b>	Insert Arrival Date	Until <b>10am</b>	Insert Departure Date
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<b>Flight Details</b>	Flight Number	Insert Flight Number	Arrival Date	Insert Arrival Date	Arrival Time	Insert Arrival Time
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## Terms and Conditions of Residence

You should be aware that:

1. Your residence is conditional upon signing your acceptance of these Terms and Conditions of Residence.
2. Additional charges may be incurred against the following items:
  - ➔ Damage to NFIH property, including the room and items provided in the room
  - ➔ Any unpaid debt, rent or other, incurred to NFIH
  - ➔ Monetary penalties for misconduct
  - ➔ Cleaning fees for room left in an untidy condition (room must be tidy and free from personal debris, and the fridge must be emptied and wiped)

Any additional charges incurred will be deducted from the payment method selected on page 3.

3. Residents who wish to leave prior to the agreed expiry date of their residency period are required to give 48 hours notice.
4. Residents wishing to extend their stay beyond the agreed timeframe are required to inform North Flinders International House office staff. NFIH cannot guarantee any extensions, thus you may be required to change rooms or source alternate accommodation.
5. Upon signing these Terms and Conditions you are agreeing to adhere to Charles Darwin University's Rules of Conduct, Charles Darwin University's By-laws and the North Flinders International House Rules of Conduct. See [www.cdu.edu.au/governance/bylaws.html](http://www.cdu.edu.au/governance/bylaws.html). [www.cdu.edu.au/nfih/conduct/rules.html](http://www.cdu.edu.au/nfih/conduct/rules.html)
6. **All** relevant information for applications and payment must be supplied prior to a reservation being considered.
7. Check-in time is 1 pm. Check-out time is 10 am.
8. Applications are evaluated in the order they are received and no special considerations will be made.
9. Room moves requests will only be granted in extenuating circumstances and will incur a \$100 cleaning and administration fee upon approval.
10. Specific room numbers will not be guaranteed until the room keys are offered, except by the authority of the manager.
11. A copy of this document will be kept on file.
12. Once approved, no postponement of arrival date will be allowed.
13. Cancellations will be handled in the following manner:

<b>CANCELLATION POLICY FOR APPROVED APPLICANTS</b>	
<i>Notice period greater than 14 Days</i>	<i>Notice period less than 14 Days</i>
\$100 Processing Fee	Full Payment Held



I acknowledge that NFIH is a student accommodation residence. This is different from a hotel, as many facilities are shared and positive interactions between residents are encouraged.

**I hereby confirm that all the information I have supplied is true and accurate and I understand and accept the Terms and Conditions of Residence.**



NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE: \_\_\_\_\_

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## Payment Authorisation Form

### ACCOUNT PAYMENT DETAILS

How will account be paid?

**Non - CDU Credit Card** (please provide details)

**Card Type**     Visa     MasterCard

Diners     Amex

**Card No**   

**Name on Card** \_\_\_\_\_ **Expiry** \_\_\_\_/\_\_\_\_



**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**CDU Request for Journal Transfer**

**Requisitioning Officer:** \_\_\_\_\_ **Faculty / Division:** \_\_\_\_\_

**School / Branch:** \_\_\_\_\_ **Extension Number:** \_\_\_\_\_

**Debit Cost Code:** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ (Please insert all 15 numbers)



**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_