

Accommodation Booking Request – Student's

Date of request:

Student name:

Student Address:

Student contact number:

This accommodation request is for:

- Medical Student:
- Nursing Student:
- Pharmacy Student:
- Radiology Student:
- Other (Please specify):

Student's place of Education or employment:

Who is responsible for payment for rental accommodation?

- Student
- NHW Department: Cost Centre:
- Educational Institution (please provided invoicing details):
- Other:

Invoices to be addressed to:

Name:

Address:

Contact number:

Accommodation dates (MUST BE COMPLETED):

Start:.....Finish:

Student signature: