



Accommodation Application

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address

City Post Code

Phone: _____ Email: _____

Medical Specialty: _____

Are you a student of Queens University? YES NO If no, please state location of study? _____

Have you previously used Trust accommodation? YES NO If yes, when? _____

Accommodation Requirements

Site requested:

Ulster Hospital:

Lagan Valley

Downe/Downshire

From: _____ To: _____ From: _____ To: _____ From: _____ To: _____

Time of arrival: AM/PM _____ Please note accommodation office is open to 4.00pm Mon/Wed/Fri only

Accommodation type requested: please x

Medical Student 3 rd /4 th /final yr	
Single	
Couple	
Children inc ages	
Disabled* (please state nature ie: wheelchair accessible)	
Hearng/sight impairment* (specifically for fire evacuation information only)	

Any other information

Please note:

Accommodation is **NOT** guaranteed and should demand exceed supply of available rooms then applications will be determined in order of date received*

Any special circumstances will need to be notified through the Sub Dean office in the first instance for consideration by SE Trust Accommodation

Please list University reference

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is successful, I understand that false or misleading information in my application may result in my accommodation offer rescinded

Signature: _____ Date: _____

Completed application forms should be sent to: accommodation.office@setrust.hscni.net

Cancellations: Cancellations are only effective on receipt of written notification

Changes to booking: After your booking has been confirmed should you wish to change to an earlier arrival date, we will make every effort to accommodate your request based on availability.

Office Use

Student status confirmed by University: ✓ Yes/No Date confirmed: _____

Room allocated: ✓ Yes/No Location/Room no: _____

Damage Assurity received (£75) ✓ **Yes/No**

Authorizing Staff name: _____

Staff signature: _____

Date: _____