



MADRE NAZARENA STUDENT'S HOUSE

311 Church Street, Richmond Victoria 3121, Australia
Office Hours: Tel: +61 (3) 9429 9620 Fax: +61 (3) 9429 6611 After Hours: Tel: +61 (3) 9429 5979
Web: www.fdz.com.au Email: shmelb@fdz.com.au

Application Procedure

Applicants are required to provide the following:

- Completed *Application Form* (with colour ID Photos)
- Completed *Medical Form*
- Completed *Financial Responsibility Form*
- Copy of certificate of religion/baptism (optional)
- Letter of recommendation from Parish Priest, Minister or School Chaplain/Dean
- Copy of school/university enrolment
- Copy of passport or identification papers
- Holding Fee of \$100.00 (to be submitted with the *Application Form* – refundable on the first rental payment)

POST TO:

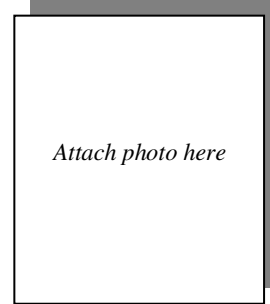
Sr Floriana Lapolla FDZ
Daughters of Divine Zeal
311 Church Street
Richmond VIC 3121
Australia



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Application Form



Academic Year: _____ (for a full academic year)

Surname/Family Name: _____

Given/First Name: _____

Birthdate: ____ / ____ / ____ Birthplace: _____

Passport No: _____ or Driver's Licence No: _____
(Include copy of passport or identification papers)

Religion: _____
(Include letter of recommendation from Parish Priest/Minister or School Chaplain/Dean)

Phone: _____ Mobile: _____

Email Address: _____

Parents – Address: _____

Home Phone: _____ Work Phone: _____

Emergency – Contact Person in Australia: _____

Address: _____

Home Phone: _____ Work Phone: _____

School/University – Name: _____

(Include copy of school/university enrolment)

Address: _____

Phone: _____ Fax: _____

Degree / Course – Name: _____

Year Level: 1st Year 2nd Year 3rd Year 4th Year +

Course Start Date: ____ / ____ / ____ Proposed Arrival Date at MNSH: ____ / ____ / ____

Length of your stay: 10 months 12 months More: _____

Preferred Single Room Style: Standard Medium Large *(Please tick one box)*

Publicity Permission Statement

I give permission for MNSH to use photos taken of me on their: *(Please tick any boxes)*

publications website slideshow

I do not want photos of me to be used

(Student's signature)

(Parent's/Guardian's signature if student under 18 years)

Date: ____ / ____ / ____
MNSH AppForms Web Vsn 26/04/2010 10:02:22 PM



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Medical Form

Medicare Number (in Australia): _____

Medical/Hospital Insurance Fund (in Australia): _____

Contribution Number: _____

Do you have ambulance cover?: Yes / No (*Please circle response*)

If not a member, are you willing to pay the ambulance costs should the need arise?: Yes / No

Allergies (please also provide details):

Penicillin _____

Other drugs _____

Other allergies _____

Current medication(s): _____

Please note: If you have any special dietary needs that require special meals, please include a copy of your dietician's written instructions.

Is there any other health-related information that we should know?:

(Student's signature)

(Parent's/Guardian's signature if student under 18 years)

Date: ____ / ____ / ____



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Financial Responsibility Form

Please note: Rent is payable on or before the first day of every month in advance. Payment can be made in cash, cheque or Electronic Funds Transfer only. We do not accept credit card payments.

Name of Student: _____

Person responsible for account payment: _____

Relationship to Student: _____

Address: _____

Phone: _____ Mobile: _____

Fax: _____

Email Address: _____

Signature: _____

Date: ____ / ____ / ____